

Succession of Beneficiaries Nomination Form

Term Life Insurance

Policyholder Full Name

Policy Number

ID / Passport Number

Contact Number

Primary Beneficiaries

Full Name	Relationship	ID / DOB	Share (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Total shares must add up to 100%

Contingent Beneficiaries

Full Name	Relationship	ID / DOB	Share (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Total shares must add up to 100%

Remarks / Special Instructions

Signature of Policyholder

Date

Witness Name

Witness Signature

Date