

# Insurance Policy Beneficiary Assignment

Policy Number: \_\_\_\_\_

Policyholder Name: \_\_\_\_\_

## Assignment Information

I, the undersigned policyholder, hereby designate the following as the beneficiary(ies) for the insurance policy listed above.

Beneficiary Name	Relationship	Percentage
_____	_____	_____ %
_____	_____	_____ %

If any of the primary beneficiaries predecease me, their share shall be distributed evenly among the surviving beneficiaries.

## Certification and Authorization

By signing below, I confirm that I am the policyholder and have the authority to assign beneficiaries to this policy. I understand that this assignment will supersede any prior beneficiary designations.

Policyholder Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Witness Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_