

Contingent Beneficiary Statement Letter

For Travel Policy

Date: _____

Policyholder's Full Name: _____

Policy Number: _____

Travel Policy Issued By: _____

I, the undersigned, hereby designate the following individual(s) as the **Contingent Beneficiary(ies)** under the above-mentioned travel insurance policy. In the event of my death and if the primary beneficiary(ies) predecease(s) me or is not eligible, the proceeds payable under the policy shall be paid to the contingent beneficiary(ies) listed below:

Contingent Beneficiary Name: _____

Relationship to Policyholder: _____

Date of Birth: _____

Share Percentage: _____

Contact Information: _____

I understand that this statement supersedes any previous designation of contingent beneficiary(ies) for this travel policy. I certify that all information provided is true and correct to the best of my knowledge.

Policyholder's Signature: _____

Date: _____