

# 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: \_\_\_\_\_