

Insurance Beneficiary Declaration Statement

Date:

Policyholder Information

Full Name

Date of Birth

Policy Number

Contact Number

Beneficiary Information

Full Name

Relationship to Policyholder

Date of Birth

Allocation Percentage (%)

Address

Declaration

I hereby declare the above-named individual as the beneficiary for my insurance policy as referenced above. I affirm that all the information provided in this declaration is true and accurate to the best of my knowledge.

Policyholder's Signature

Date

Witness's Signature

Date