

# Primary Beneficiary Statement Form

## Travel Insurance

Please complete all sections of this form clearly and accurately.

### POLICY HOLDER INFORMATION

Policy Number

Policyholder Name

Date of Birth

YYYY-MM-DD

Contact Number

Address

### BENEFICIARY INFORMATION

Full Name

Relationship to Policyholder

Date of Birth

YYYY-MM-DD

Contact Number

Address

Share Percentage (%)

### DECLARATION

I hereby declare that the above information is true and correct to the best of my knowledge.

Signature

Date

 YYYY-MM-DD