

Beneficiary Transfer Form

Marine Cargo Policy

Policy Details

Policy Number

Policy Holder's Name

Effective Date

Current Beneficiary Information

Full Name

Address

Contact Number

New Beneficiary Information

Full Name

Address

Contact Number

Reason for Transfer

Describe the reason for b

Supporting Documents

List supporting documents attached



I hereby declare that the above information is true and correct to the best of my knowledge and belief. I authorize the insurance company to process the beneficiary transfer as requested.

Date

Signature

Sign or Type Name