

# 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