

# Beneficiary Update Application

Marine Insurance Policy

Policy Number

Name of Policyholder

Contact Number

Email Address

Address

Current Beneficiary Details

Name

Relationship

New Beneficiary Details

Name

Relationship

Contact Number

Address

Reason for Update

Effective Date of Change

Supporting Documents (if any)

List document names (optional)

**Declaration:**

I hereby request to update the beneficiary of my marine insurance policy as provided above. I certify that the information given is true and correct to the best of my knowledge.

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Signature of Policyholder

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Date