

# Endorsement Request for Marine Policy Beneficiary Change

## Policy Details

Policy Number

Enter Policy Number

Insured Name

Enter Insured Name

Effective Date of Endorsement

## Current Beneficiary Information

Name	Relationship	Contact

## New Beneficiary Information

Name	Relationship	Contact

## Reason for Beneficiary Change

Provide a brief explanation

Insured Signature

Date

Beneficiary Signature

Date

For Office Use Only

Remarks/Approval