

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