

Marine Insurance Beneficiary Change Request

Policy & Insured Details

Policyholder Name

Policy Number

Contact Information

Vessel Name

Vessel IMO Number

Current Beneficiary Details

Full Name / Entity

Relationship to Policyholder

New Beneficiary Details

Full Name / Entity

Relationship to Policyholder

Contact Information

Reason for Beneficiary Change

Declaration & Authorization

I, the undersigned, hereby request and authorize the change of beneficiary as stated above, and confirm that the information provided is true and accurate to the best of my knowledge.

Policyholder Signature

Date