

# Marine Insurance Beneficiary Modification Form

## Policy Details

Policy Number

Name of Insured

Contact Number

## Current Beneficiary

Full Name

Relationship

## New Beneficiary Details

Full Name

Date of Birth

Relationship

Address

## Declaration

I hereby request and authorize the modification of the beneficiary as indicated above. I declare that the information provided is true and correct to the best of my knowledge.

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Signature of Policyholder

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Date