

# Notice of Change of Beneficiary Marine Insurance

To: \_\_\_\_\_ (Insurance Company Name)

Policy Number: \_\_\_\_\_

Date: \_\_\_\_\_

This is to notify you that we, the undersigned Insured, hereby request and authorize a change of beneficiary under the above-referenced marine insurance policy as follows:

## Details of Current Beneficiary

Name: \_\_\_\_\_

Address: \_\_\_\_\_

## Details of New Beneficiary

Name: \_\_\_\_\_

Address: \_\_\_\_\_

This change is to take effect as of the date of this notice, or as otherwise provided by the terms and conditions of the above policy.

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness/Authorized Representative

\_\_\_\_\_  
Date