

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.

Insuredâ€™s Signature

Date

Witness/Authorized Representative

Date