

Beneficiary Consent Statement

Critical Illness Insurance

I, the undersigned, acknowledge and consent to being designated as a beneficiary under the Critical Illness Insurance policy. I confirm that I have been informed about the policyholder's decision and the relevant details as required by applicable laws and regulations.

By signing this statement, I agree and understand the following:

1. I have been provided information pertaining to the Critical Illness Insurance policy, including, but not limited to, the designation of beneficiaries, the extent of coverage, and general terms and conditions.
2. I confirm that my consent is voluntary and that I have not been subject to any coercion or undue influence in relation to being named as a beneficiary.
3. I authorize the insurance company to process my personal data as required for beneficiary designation and any future claims process, in accordance with data protection laws.

Beneficiary Information

Full Name of Beneficiary:

Relationship to Policyholder:

Address:

Contact Number:

Date:

Signature of Beneficiary

Name of Policyholder