

ASSIGNMENT OF BENEFICIARY

TRAVEL INSURANCE PLAN (e.g. All-Inclusive, etc.): _____

Please advise: Policy No: _____ Group Policy Individual Policy

Travel Dates: Departure Date: _____ Return Date: _____

This form is provided for your convenience but may not be suitable for your purposes. Before completing this form, please make sure that it will carry out your intentions. The Company assumes no responsibility for its validity or sufficiency.

Please read the following instructions...

- ↪ All sections of this form must be completed
- ↪ Date and sign the form below where indicated
- ↪ Print full name under each signature
- ↪ Complete form, in duplicate, and return both copies to the Company

SECTION 1: Please Print...

Name of Life Insured: _____

Name of Owner: _____

SECTION 2: Please Print...

Change beneficiary to:

Beneficiary (include full name): _____

Relationship to Insured (i.e. sister, husband, daughter, etc.): _____

To be received upon my death (enter a percentage amount i.e. 100%): _____

Address of Beneficiary (include postal code): _____

This beneficiary change applies to all coverage under this policy unless otherwise specified. Any previous beneficiary nomination or any agreement directing how the proceeds are to be paid is revoked. I reserve the right to further change the beneficiary.

SECTION 3:

It is hereby certified that the undersigned is of the Age of Majority:

Date: _____ Signature of Owner: _____

Print Name of Owner: _____

Address of Owner: _____

(include postal code) _____