

# Life Insurance

## Beneficiary Designation Form



Policy number:

### Insured Person details

Full Name:

ID #:

### Beneficiary(ies) details

Full Name	Date of Birth	Relationship	Contact Number	Share*

\*The total of the "share" figures stated in the form must equal to (100).

#### Default Clause

If no Contingent Beneficiaries are stated in the above table, then the balance of the net amount of the Policy proceeds, if any, shall be payable to the legal heirs of the Policyholder (the Insured Person).

Insured's  
signature:

Date: