

Life Insurance Statement Form

This life insurance statement form sample includes comprehensive sections for beneficiary details, ensuring accurate and clear designation. It helps policyholders specify their preferred beneficiaries and update important personal information effortlessly. Completing this form correctly is essential for smooth claim processing and beneficiary benefits distribution.

Policyholder Information

Policy Number:

Full Name:

Date of Birth:

Address:

Phone Number:

Email Address:

Beneficiary Details

Beneficiary Name	Relationship	Date of Birth	Share (%)	Phone / Email
<input type="text"/>	<input type="button" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Share must add up to 100%

Authorization & Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge. I authorize the insurance provider to update my policy with these beneficiary details.

Signature:

Date:

For office use only:

Received by:

Date Received:

Remarks:

