

Burial Insurance Beneficiary Statement for Minor Beneficiary

Please complete all applicable sections. Use additional sheets if necessary.

Policy Information

Policy Number

Deceased's Full Name

Date of Death

Minor Beneficiary Information

Beneficiary's Full Name

Date of Birth

Relationship to Deceased

Beneficiary's Address

Parent or Legal Guardian Information

Name of Parent/Guardian

Relationship to Beneficiary

Address

Phone Number

Payment Instructions

Requested Payment Method

Comments / Special
Instructions

Certification & Authorization

I certify that the information provided above is true and complete to the best of my knowledge. If required, I am authorized as the parent or legal guardian to act on behalf of the minor beneficiary.

Signature of Parent/Guardian

Date