

# Funeral Insurance Plan Beneficiary Change Form

## Policyholder Information

Full Name

Policy Number

Date of Birth

Contact Number

Email Address

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## Current Beneficiary Information

Name

Relationship

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## New Beneficiary Information

Name

Date of Birth

Relationship

Contact Number

Allocation (%)

☐ Make this beneficiary irrevocable

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Authorization & Signature

Effective Date of Change

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Signature of Policyholder

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Date