

# Universal Life Insurance

## Beneficiary Designation Update

Policy Number

Insured Name

Owner Name

Date of Request

### Primary Beneficiary(ies)

Name	Relationship	Date of Birth	Percentage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Contingent Beneficiary(ies)

Name	Relationship	Date of Birth	Percentage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Instructions or Comments

Owner's Signature:

Date:

Witness/Agent Signature:

Date: