

# Life Insurance Beneficiary Statement

## Policy Information

Policy Number:

Insured Name:

Date of Death:

## Beneficiary Information

Full Name:

Relationship to Insured:

Date of Birth:

Address:

Phone Number:

Email Address:

## Other Beneficiaries

Name	Relationship	Share (%)

## Required Documents Submitted

Death Certificate:

Proof of Identity:

Other Documents:

## Remarks

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Beneficiary Signature

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Date