

# Beneficiary Amendment Report

Date of Report:

Prepared By:

Policy/Account Number:

Original Beneficiary Details:

Name	Relationship	Share (%)	Contact
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Amended Beneficiary Details:

Name	Relationship	Share (%)	Contact
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason for Amendment:

Remarks:

Authorized Signature: