

Nominated Beneficiary form

Please complete this form and return to CIGNA if you wish to have a nominated beneficiary on your policy.
We recommend you keep a copy of this form for your records.

Please note you may only have one nominated beneficiary per insured person.

Policy number	<input type="text"/>		
1 st insured person	<input type="text"/>	2 nd insured person	<input type="text"/>
1st insured person nominated beneficiary	2nd insured person nominated beneficiary		
Title	<input type="text"/>	Title	<input type="text"/>
First names	<input type="text"/>	First names	<input type="text"/>
Last name	<input type="text"/>	Last name	<input type="text"/>
Date of birth	<input type="text"/>	Date of birth	<input type="text"/>
Relationship to the insured	<input type="text"/>	Relationship to the insured	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Phone number	<input type="text"/>	Phone number	<input type="text"/>
Signature of insured person	<input type="text"/>	Signature of insured person	<input type="text"/>
Date of signature	<input type="text"/>	Date of signature	<input type="text"/>

The nominated beneficiary must be aged 16 or over at the date that they are nominated. An insured person may revoke or change a nomination at any time by completing a new Nominated beneficiary form which is available by calling us on 0800 270 714. This revocation or change will take effect from the date shown on the new Nominated beneficiary form.