

# Next of Kin Declaration for Insurance Benefits

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], of [Your Address], am writing to declare my next of kin for the purpose of insurance benefits. My details are as follows:

**Name of Next of Kin:** [Next of Kin Full Name]

**Relationship:** [Relationship to Next of Kin]

**Contact Number:** [Next of Kin Contact Number]

**Address:** [Next of Kin Address]

In the event of my passing, I authorize the payment of any insurance benefits to my next of kin mentioned above.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Full Name]

[Your Contact Number]