

REGISTRATION OF RECIPROCAL BENEFICIARY RELATIONSHIP

STATE OF HAWAII

Please print or type legibly

REGISTRANT ONE:

Name (Last, First, Middle)

Date of Birth (Month, Day Year)

Address (Street)

City

State

Zip Code

REGISTRANT TWO:

Name (Last, First, Middle)

Date of Birth (Month, Day Year)

Address (Street)

City

State

Zip Code

WE, THE UNDERSIGNED, DECLARE OUR INTENT TO ENTER INTO A RECIPROCAL BENEFICIARY RELATIONSHIP. ACCORDINGLY, WE WISH TO REGISTER OUR RECIPROCAL BENEFICIARY RELATIONSHIP WITH THE STATE OF HAWAII PURSUANT TO HAWAII REVISED STATUTES, CHAPTER 572C, AND ATTEST TO THE FOLLOWING:

- (1) Each of the parties is at least eighteen years old;
- (2) Neither of the parties is married nor a party to another reciprocal beneficiary relationship;
- (3) The parties are legally prohibited from marrying one another under chapter 572 (HRS); and
- (4) Consent of either party to the reciprocal beneficiary relationship has not been obtained by force, duress, or fraud.

WE AFFIRM/SWEAR THAT WE BOTH MEET THE ABOVE REQUIREMENTS OF A VALID RECIPROCAL BENEFICIARY RELATIONSHIP. WE HEREBY REQUEST THAT THE DIRECTOR OF HEALTH ISSUE US A CERTIFICATE OF RECIPROCAL BENEFICIARY RELATIONSHIP.

REGISTRANT ONE:

REGISTRANT TWO:

Signature

Signature

SUBSCRIBED AND SWORN TO BEFORE ME

SUBSCRIBED AND SWORN TO BEFORE ME

this _____ day of _____, 20 _____

this _____ day of _____, 20 _____

Notary Public

Notary Public

My commission expires: _____

My commission expires: _____

MAIL \$8.00 MONEY ORDER OR CERTIFIED CHECK PAYABLE TO STATE DIRECTOR OF FINANCE AND THIS COMPLETED REGISTRATION OF RECIPROCAL BENEFICIARY RELATIONSHIP FORM WITH SELF-ADDRESSED, LEGAL SIZED, STAMPED ENVELOPE TO:

**RBR OFFICE
P.O. Box 591
Honolulu, Hawaii 96809-0591**