

DECLARATION OF TERMINATION OF RECIPROCAL BENEFICIARY RELATIONSHIP

STATE OF HAWAII

I/we request that the Reciprocal Beneficiary Relationship of:

REGISTRANT ONE:

Print Name (Last, First, Middle)

Date of Birth (Month, Day Year)

Address (Street)

City

State

Zip Code

REGISTRANT TWO:

Print Name (Last, First, Middle)

Date of Birth (Month, Day Year)

Address (Street)

City

State

Zip Code

dated _____, be terminated in accordance with Hawaii Revised Statutes, Chapter 572C. Signature of at least one registrant is required.

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 A COMPLETED DECLARATION OF TERMINATION OF RECIPROCAL BENEFICIARY RELATIONSHIP FORM WITH SELF-ADDRESSED, LEGAL SIZED, STAMPED ENVELOPE TO:

**RBR OFFICE
P.O. BOX 591
HONOLULU, HAWAII 96809-0591**