

# 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

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

**REGISTRANT TWO:**

\_\_\_\_\_  
Name (Last, First, Middle)

\_\_\_\_\_  
Date of Birth (Month, Day Year)

\_\_\_\_\_  
Address (Street)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

**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 HAWAI'I PURSUANT TO HAWAI'I 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**