

Branch Stamp

Nomination Form

Important notes

1. All previous nominations shall be automatically cancelled on execution of the request vide this form and the nomination last received by the Company shall prevail for registering the same
2. If the nomination is in favor of a minor, an appointee who is a major must be named and the appointee is required to have accepted the same by signing this form
3. On assignment of a policy any existing nomination automatically stands cancelled
4. The company shall not be, in any ways, responsible as to the validity of the nomination
5. All the information is to be filled in BLOCK LETTERS only

Policy number

I, (the policyowner), hereby nominate the following person(s) as my nominee to be the person who will receive the moneys secured by this policy in the event of my death to give a valid discharge to the company:

Name	Age (in yrs)	Relationship with Insured	Communication Address

To be filled only in case the Nominee is Minor

I hereby appoint the following person as the Appointee to be the person to receive the money secured by the policy in the event of my death during the minority of the nominee.

In consent of the above appointment I sign hereunder.

Name	Age (in yrs)	Relationship with Insured	Communication Address

Signature of Appointee Signature of Policyowner

Date

Place

In case the policyowner has signed in Vernacular/is Illiterate the Witness will also attest the following:
 I hereby certify that the contents of the above form have been explained to the person signing above and that his signature has been affixed in my presence only after fully understanding the same.

Witness Signature (The witness will sign in English)

Witness Name

Witness Address

Witness Contact Number