



Nomination Form

All the information is to be filled in BLOCK LETTERS. Any alterations/correction made in the form need to be duly signed by the policy owner. Please use a separate request form for each policy.

Endorsement: The form must be filled by the Policy Owner. As per Insurance Act 1938 as amended from time to time the nomination cannot be effected if the Policy Owner and the Life Insured are two different persons. All previous nominations shall be automatically cancelled on execution of this form and the nomination last received by the company shall prevail over all previous nominations. If the nomination is in favour of a minor, an appointee who is a major must be named in this form. The Company expresses no opinion as to the validity of the nomination.

Policy Number:

Date:

Name of the Policy Owner: _____

Mobile No. (Mandatory): Email: _____

Kindly note, this email id will be used for registration of 'Go Green' and will lead to discontinuance of physical statements.

*Name of Nominee	*DOB of Nominee	*Relationship of Nominee with Insured	Clarification/Reason	*Nominee Share %	Mobile No.	Email ID	Address (Check if same as owner)
							Yes/No
							Yes/No
							Yes/No
							Yes/No

If the nominee's address is different from that of the policyholder, please mention the same. _____

*If the Nominee is different from the relationships Father/Mother/Husband/Wife/ Son/Daughter/Grandfather/Grandmother then mentioned Clarification/Reason in above table

Disclaimer: If the % mentioned does not add up to 100, the request will be rejected. (*) Mandatory: All fields

PEP: State whether any of the nominees as mentioned above are Politically Exposed Person: Yes/No

If yes, please provide details: _____

PEP: "Individual who are or have been entrusted with prominent public functions domestically or by a foreign country or by an international organization, for Example Heads of State or government senior government, judicial or military officials, senior executives of state-owned corporations and Important political party officials OR Family members/close associates who are related or have business relationships with PEP."

APPOINTEE DETAILS (To be filled if nominee is minor)

Name of Appointee: Date of Birth:

Address:

City: State: Pincode:

Mobile No.: Email Id: _____ Relationship with Nominee: _____

I hereby accept my appointment as an appointee to receive the proceeds under the policy on behalf of nominee who is minor.

Signature of Appointee

I _____ as the Policy Owner under the above policy nominate above person(s), to whom the money secured by the policy shall be paid in the event of my death.

Signature of Policy Owner

Place: _____

Date:

Witness Name: _____

Witness Signature: _____

Place: _____

Witness Contact No: Please collect stamped, signed and filled up acknowledgment slip, which you can refer to for all your communications in regard to this request.

Vernacular Declaration

I _____, (name of the scribe) residing at _____

hereby confirm that the contents of the form was explained to Mr/Mrs/Ms. (Policy Owner) _____ after fully understanding the contents and information thoroughly, the above said proposer had signed in my presence on _____

Name of Scribe _____ Signature of Scribe _____

Acknowledgement slip

Policy Number:

Reference Number: _____

Type of Request: Nomination

Received by: _____

Date:

Time of Receipt: AM/PM

Employee Code: _____

Signature: _____

Stamp/Seal of the branch

