

NOMINATION FORM

Important Notes:

1. All previous nominations shall be automatically cancelled on execution of 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 in this form.
3. This form shall be accompanied by the original policy document.
4. The company expresses no opinion 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 instead of.....the person named in the text of the policy/endorsement dated.....on the policy (to be filled in case of change of nomination only):

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:

Name	Age (in yrs)	Relationship with Insured	Communication Address

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.)

Signature of Policyowner

Date: DD / MM / YYYY

Place: _____

Witness Name

Witness Signature

Code: PF00009B