IndiaFirstLife

NOMINATION CHANGE FORM

Policy No: Date : D D M M Y Y Y Y

Policy Holder Name: Mr Miss Mrs Mx F I R S T M I D D L E L A S T

Mobile No: Resident No: Office No:

Email Id :

Contact details mentioned above will be updated in our records for further communication

NOMINATION DETAILS

Sr. No.	Nominee Name	Relation with Life Assured	Date of Birth	Complete Address & Contact Details	Share %

Self-Attested Address and ID Proof of Policyholder is mandatory document to be enclosed

If Nominees are apart from Parents, Spouse and Child , please clarify the reason _____

APPOINTEE DETAILS (mandatory where Nominee is a Minor (Below 18 Years)

Sr. No.	Appointee Name	Relation with Nominee	Date of Birth	Complete Address & Contact Details	Nominee Name

Please note:

1. Nomination is governed as per Sec 39 of the Insurance Act 1938 **as amended from time to time**
2. With the execution of the above mentioned nomination, all the existing nomination stand cancelled.
3. Any payment in event of death of the life assured will be paid to beneficiary as mentioned in the form above.
4. Assignment of the policy will automatically cancel the nomination.
5. **Provisions of nomination shall not apply to any policy to which section 6 of the Married Women's Property Act (MWPA), 1874 applies or at any time has applied except where before or after Insurance Laws (Ordinance) 2014, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under section 39. Where nomination is intended to be made to spouse or children or spouse and children under section 6 of MWPA, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.**

DECLARATION BY POLICYHOLDER

I hereby nominate the above mentioned as the person(s) to whom the money secured by the above Policy shall be paid in the event of my death. I also confirm that this nomination shall automatically cancel all previous nominations made by me to the above Policy.

X _____ _____ D D M M Y Y Y Y

Signature/Thumb Impression of Policyholder | Place | Date

VERNACULAR DECLARATION (to be filled if the policyholder is illiterate/signed in a Vernacular language) :

I do hereby state that I have read out and explained the contents of the form to the policyholder in _____ language and he/she have understood the same. I declare that whatever I have stated herein above is true and correct to the best of my knowledge and belief. The policyholder has signed /affixed the thumb impression after fully understanding the contents thereof.

Name of the Declarant : _____ Signature: X _____ Relation with the Policyholder _____

Address of the Declarant : _____ Contact No.: _____

I hereby certify that the contents of the form have been clearly explained to me and I have fully understood them. I further certify that the answers recorded in the form are as per the information provided by me.

X _____

Signature/Thumb impression

Note: The Declarant identity should be easily established and he/she should not be connected to insurer in any capacity.

FOR OFFICIAL PURPOSE

X _____ _____ D D M M Y Y Y Y _____

Name & Signature of Branch Official with stamp | Place | Request Date | Request time

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