IndiaFirst LIFE INSURANCE

A Joint Venture of Bank of Baroda, Legal & General, Andhra Bank

Nomination Change Form

Policy No: | | | | | | | | | | |

Date : D D M M Y Y Y Y

Policy Holder Name: Mr ☐ Miss ☐ Mrs ☐ FIRST MIDDLE LAST

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 %

☐ Appointee Details (Mandatory where Nominee is a Minor (Below 18 years):

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

Please note:
1. Nomination is governed as per Sec 39 of the Insurance Act 1938
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.

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.

Signature/Thumb Impression of Policyholder | Place | Date

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

I, hereby that I have explained the contents of this form to the policyholder in _____ language, that the policyholder has signed/affixed thumb impression in my presence, after fully understanding the contents thereof.

Name & Signature of Branch Official with stamp | Name and Signature of Witness | Place

For Official Purpose:

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

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