

**NOMINATION FORM**

I \_\_\_\_\_ herby nominate the person mentioned below to whom, in the event of my death, the claim amount for the insurance cover under \_\_\_\_\_ scheme would be payable.

**Nomination Details :**

Nominee's Name	Nominee's Address	Age / Date of Birth of Nominee in case minor*	Relationship with Life Assured

**\* IF NOMINEE IS MINOR:**

As the nominee \_\_\_\_\_ specified above is a minor on this date, I appoint the following person to receive the benefit amount on behalf of the nominee in the event of my death during the minority of the nominee.

Name of Appointee / Guardian \_\_\_\_\_

Age of Appointee / Guardian \_\_\_\_\_

Appointee's / Guardian's Address \_\_\_\_\_

Nominee is governed as per section 39 of the Insurance Act 1938

Date: \_\_\_\_\_ Place: \_\_\_\_\_ \_\_\_\_\_  
Thumb Impression /Signature  
of Life Assured

(1) Witness (Signature)  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

(2) Witness (Signature)  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Declaration for Signing in Vernacular Or For Uneducated Persons:**  
 I have explained the content of this proposal to the Life Assured /proposer & endeavored to ensure that the contents have been fully understood. I have accurately recorded the responses to the information sought by the proposal form & I have read the responses back to the Life Assured / Proposer & confirmed that they are correct.

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Name: \_\_\_\_\_