

**Notice of change in nomination**

To,  
The Manager – Policy Servicing  
SBI Life Insurance Co. Ltd.  
Central Processing Centre,  
Kapas Bhavan, Plot No.3A, Sector No.10,  
CBD Belapur, Navi Mumbai -400614.

Date:

Sir/Madam,

Policy No : \_\_\_\_\_

I hereby give you notice that I have now nominated Mr/Mrs \_\_\_\_\_ as the person to whom the moneys secured by the above Policy shall be paid in the event of my death, vide endorsement on the enclosed Policy/endorsement\* enclosed will in lieu of Mr./Mrs. \_\_\_\_\_ named in the text of the above Policy/endorsement\* dated \_\_\_\_\_ on the above Policy.

Yours faithfully,

Mr/Mrs \_\_\_\_\_  
**(Signature of the Life Assured)**

Encl : Original Policy Document and/or attested copy of the will

\* Strike out words not applicable.

X-----X

**Endorsement of Nomination on the Policy Document**

I, Mr/Mrs. \_\_\_\_\_, hereby nominate my \* \_\_\_\_\_, Mr/Mrs. \_\_\_\_\_ aged \_\_\_\_\_ years and whose date of birth dd/mm/yy \_\_\_/\_\_\_/YY and address is \_\_\_\_\_ to be the person to whom the moneys secured by the within Policy shall be paid in the event of my death in lieu of Mr/Mrs. \_\_\_\_\_, named in the text of the within Policy # /endorsement on within Policy.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 200

**Signature of Policyholder:**

Signature of the witness:  
Name of the Witness:  
Occupation:  
the  
Address:

***Declaration when the signature of the Policyholder is in a vernacular language or in case of thumb impression***

I hereby declare that I have explained the contents of this form to the Policy Holder in \_\_\_\_\_ language, that the Policy Holder has affixed his/her Signature / Thumb impression on the form in my presence, after fully understanding the contents thereof

Registration No  
Date

Signature of the person making the declaration  
Name & Address: \_\_\_\_\_  
\_\_\_\_\_