

Form for Change of Nomination

Terms & Conditions:

- 1) The registration of nomination is subject to the receipt of this notice and the form by SBI Life Insurance Co. Ltd
- 2) All previous nominations and / or Appointee shall be automatically cancelled on execution of this form and the nomination and/or Appointee last received by the company shall prevail over all previous nominations and/or Appointee.
- 3) In case of more than one nominee, a joint discharge voucher would be taken from all the nominees and the claim proceeds would be paid accordingly.
- 4) If nomination is in favour of a minor, an appointee who is a major must be named. Please fill the Appointee form. 5) On Assignment of a policy the existing nomination automatically stands cancelled. 6) The Company expresses no opinion as to the validity of the nomination

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Date: D D M M	YYY	<u>Y</u>	Policy No:	
Name of the Policy Holder:				
Address:				
Contact no:		Residence	Office	Mobile
Email ID:				
All fields are mandatory (At I communication)	least one con	tact no is mandatory fo	r processing your request. Contact nos.	mentioned above will be updated for future
		NOT	CF OF NOMINA TION	

To,
SBI Life Insurance Company Ltd.,
Branch _____
Dear Sir ,
Re: Notice for change in Nominee for Policy Number _____

I hereby give you notice that I have now nominated the following as the person(s) to whom the moneys 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 and named in the text / vide endorsements to the above Policy.

Name	Date of Birth*	Relationship with Insured**	Communication Address
* In a control of the NOMINEE :- MINIOD "ADDO		1. TOD!! V 5!!	

In case the NOMINEE is MINOR, "APPOINTEE DETAILS" form is also to be MANDATORILY filled

A collector nominee can merely collect the policy moneys from the company and give a valid discharge. No beneficial rights are conferred on him/her.

I have read and understood all terms and conditions given at the top of this form.

Please acknowledge receipt of this notice and the Original Policy Document and return the Policy Document after registering the nomination in your books Yours faithfully,

	>
#Signature or Thumb	
Impression of Policyholder	

Endorsement for Nominee on the Policy Document

I______ hereby nominate the following as the person(s) to whom the moneys secured by the this Policy shall be paid in the event of my death. This nomination shall cancel all previous nominations made by me and named in the text / vide endorsements to the this Policy.

Name	Date of Birth	Relationship with Insured**	Communication Address
Signature of Witness			#Signature or Thumb Impression of Policyholder

Name & Address of Witness______# In case of signatures in a vernacular language or Thumb Impression, the vernacular language declaration below is to be filled.

Declaration to be given when the signature of the Policy holder is in a vernacular language or has affixed thumb impression:

I hereby declare that I have explained the contents of this form to the policy holder in _____ Language and that the policy holder has affixed his/her Signature / Thumb impression on the form in my presence, after fully understanding the contents thereof.

^{**}Nomination made to any person other than parent, spouse or children will be considered as a "collector nominee".

Name:		Signature of the Person making the Declaration:
Address:		
Occupation:	Contact No.:	

SBI Life Insurance Company Limited: Registered and Corporate Office: Natraj, M.V. Road & Western Express Highway Junction, Andheri (East), Mumbai - 400 069. Tel.: (022) 61910000. Central Processing Center: 7th Level (D-Wing) & 8th Level, Seawoods Grand Central, Tower 2, Plot No. R-1, Sector-40, Seawoods, Nerul Node, Navi Mumbai - 400 706. Tel.: (022) 66456000. IRDAI Registration No. 111 | CIN: L99999MH2000PLC129113. | Toll Free No. 1800 267 9090 (customer service timing: 24x7)| Visit: www.sbilife.co.in | E-mail: info@sbilife.co.in

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