

## 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

**Date:**       
**Policy Number:**       
**Name of the Policy Holder:**       
**Address:**       
**Resident**
**Office**
**Mobile**
**Contact No.:**      
    
    
**Email ID.:**      
*All fields are mandatory (At least one contact no is mandatory for processing your request. Contact nos. mentioned above will be updated for future communication)*

### NOTICE OF NOMINATION

**To**
**SBI Life Insurance Co. 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.

Nominee Name	Date of Birth*	Relationship with Insured**	Communication Address

\* In case the NOMINEE is MINOR, "APPOINTEE DETAILS" form is also to be MANDATORILY filled
\*\*Nomination made to any person other than parent, spouse or children will be considered as a "collector nominee".
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,

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#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 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 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.

Name:	_____
Address:	_____
	_____
	_____
Occupation:	_____
Contact No.:	_____

Signature of the Person  
making the Declaration:

Date:  D  D  M  M  Y  Y  Y  Y

Place: \_\_\_\_\_