

## Notice of change in Nomination- Group Schemes

To,  
The Head – Group Operations  
SBI Life Insurance Company Limited  
Central Processing Centre,  
7th Level (D Wing) & 8th Level. Seawoods Grand Central,  
Tower 2, Plot No. R-1, Sector-40, Seawoods, Nerul Node,  
Dist. Thane, Navi Mumbai-400 706

Sir,

Certificate of Insurance No: \_\_\_\_\_  
Life Assured Name : \_\_\_\_\_  
Loan/Bank Account No. : \_\_\_\_\_

Master Policy No : \_\_\_\_\_  
Master Policy Holder : \_\_\_\_\_  
Customer ID : \_\_\_\_\_

*I \_\_\_\_\_ the life assured under the above mentioned certificate of Insurance request you to amend my nomination details with the below change.*

### Revised Nomination Details

SL No.	Nominee Name	Gender	Date of Birth	Relationship with First Annuitant	% Share of Nominee

### APPOINTEE DETAILS

I, Mr/Mrs. \_\_\_\_\_ (Appointee) do hereby endorse my consent to act as an appointee.

Name of Appointee	Date of Birth	Name of the Nominee	Relationship with Nominee	Signature*

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

### Signature of Witness

Name of the witness:

Address:

Signature of Life Assured

Signature of Appointee

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

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

Signature of the person making the declaration

Name and Address:

Place:-

Date:-

Signature of Life Assured