

Corporate Beneficiary Nomination Document

Term Life Plan

Policy Holder Details

Full Name

Policy Number

Company Name

Company Registration No.

Contact Number

Email Address

Corporate Beneficiary Details

Beneficiary Name

Registration Number

Address

Relationship to Policyholder

Percentage (%)

Declaration

I, the undersigned, hereby nominate the above-named beneficiary(ies) to receive benefits payable under the Term Li

Authorized Signatory

Date: _____

Witness

Date: _____