

Nominee Details Form

Life Insurance Proposal

Nominee Full Name

Relationship with Proposer

Date of Birth

Gender

Full Address

Share (%)

Contact Number

Appointee Details (if nominee is a minor)

Appointee Full Name

Relationship with Nominee

Date of Birth

Contact Number

I hereby declare that the above details provided are true and correct to the best of my knowledge and belief.
In case the nominee is a minor, I hereby appoint the above appointee to receive the policy proceeds on behalf of the nominee.

Place: Signature of Proposer

Date: Signature of Nominee