

Multiple Nominee Declaration Form for Term Insurance

Policyholder Details

Full Name

Policy Number

Date of Birth

Contact Number

Address

Nominee Details

Nominee Name	Date of Birth	Relationship	Share (%)	Guardian (if minor)
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Declaration:

I hereby declare that the above nominees are entitled to receive the benefits under the policy in the proportion specified, in the event of my demise. I understand that this declaration shall supersede any previous nominations made by me for this policy.

Signature of Policyholder

Date