

# 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)
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### 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