

Nomination Acknowledgement

Please find below the details of the nomination under your Term Insurance Policy:

Policy Number: _____

Policyholder Name: _____

Nominee Name: _____

Nominee Relation: _____

Nominee Date of Birth: ____ / ____ / ____

Date of Nomination: ____ / ____ / ____

Declaration:

This is to acknowledge that the nomination details as mentioned above have been recorded under the Policy number cited. Any subsequent changes to nomination are subject to the receipt and acceptance of a duly filled Nomination Change Form.

Signature of Policyholder
Date: ____ / ____ / ____

Authorized Signatory
(For Insurance Company)