

Nomination Change Request Format for Term Insurance

Policy Details

Policy Number:

Name of Policyholder:

Date of Birth:

Contact Number:

Email ID:

Current Nominee(s)

Nominee Name	Relationship	Date of Birth	Share (%)

Requested Change (New Nominee(s))

Nominee Name	Relationship	Date of Birth	Share (%)

If nominee is a minor:

Name of Appointee:

Relationship with Minor:

Date:

Place:

Signature of Policyholder

Note:

- Please attach self-attested copy of ID proof of policyholder.
- In case of more than one nominee, mention percentage share for each.
- If nominee is minor, appointee is required.