

# Nomination Change Request Format for Term Insurance

## Policy Details

Policy Number:

Name of Policyholder:

Date of Birth:

Contact Number:

Email ID:

### Current Nominee(s)

<b>Nominee Name</b>	<b>Relationship</b>	<b>Date of Birth</b>	<b>Share (%)</b>

### 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:

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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.