

# Nomination Form - Term Insurance Policy

Policy Number

Policyholder's Name

## Nominee Details

Nominee Name

Relationship to Policyholder

Nominee Date of Birth

Nominee Address

Nominee Contact Number

Share of Benefit (%)

## Appointee Details (if nominee is a minor)

Appointee Name

Relationship to Nominee

I hereby nominate the person(s) mentioned above to receive the policy benefits in the event of my death, as per the terms and conditions of the policy.

Signature / Thumb Impression of Policyholder

Date: \_\_\_\_\_  
Witness Name & Signature

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_