Nominee Relationship Declaration Statement for Term Insurance

Policyholder Details

Full Name: _____

Policy Number: _____

Date of Birth: _____

Address: _____

Nominee Details

Full Name: _____

Relationship with Policyholder: _____

Date of Birth: _____

Address: _____

Declaration Statement

I, _____, hereby declare that I have nominated the above-mentioned person as my nominee for the aforesaid term insurance policy. I confirm that the relationship stated between myself and the nominee is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of facts may lead to cancellation of the policy or rejection of insurance claims.

This declaration is executed voluntarily and with full understanding of its contents.

Signature of Policyholder

_____

Date: _____

Witness

_____

Name: _____

Date: _____