

# Nominee Replacement Request

Term Life Insurance Policy

**Date:** \_\_\_\_\_

**To,**  
**The Manager,**  
**[Insurance Company Name],**  
**[Branch Address]**

**Subject:** Request for Replacement of Nominee in Term Life Insurance Policy

**Policy Number:** \_\_\_\_\_

**Policyholder's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

Dear Sir/Madam,

I am the policyholder of the above-mentioned Term Life Insurance Policy. I would like to request replacement of my current nominee as per details provided below:

## Existing Nominee Details:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## New Nominee Details:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

I request you to kindly process the change and update your records accordingly.

Please find enclosed copies of my identity proof and the new nominee's identity proof for your reference.

Thank you.

Yours faithfully,

\_\_\_\_\_  
Signature of Policyholder

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of New Nominee (if required)

Date: \_\_\_\_\_