

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: _____