

Nominee Declaration Letter

Date: _____

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

Subject: Nominee Declaration for Term Insurance Policy

Policy Number: _____

Respected Sir/Madam,

I, **[Your Full Name]**, holding the above-mentioned Term Insurance Policy with your company, hereby declare the following person as the nominee under my policy, to receive the policy benefits in the event of my unfortunate demise.

- Name of Nominee: _____
- Date of Birth: _____
- Relationship with Policyholder: _____
- Address of Nominee: _____
- Contact Number: _____

I request you to kindly update your records accordingly and acknowledge the same.

Thank you for your assistance.

Signature of Policyholder

Name: _____
Contact Number: _____