

APPLICATION FOR NOMINATION

(Kindly fill in Block Letters)

INSTRUCTIONS

- This form must be filled only when the Policy holder and the Life insured is the same person (in case of death of Proposer in case of Waiver of Premium benefit where the person to be insured is minor).
- All previous nominations stands cancelled on registration of this form.
- The assignment of a policy shall automatically cancel any nomination made in the policy, except where the policy is assigned to IDBI Federal life Insurance Co Ltd in which case the nominee's right shall be affected to the extent of IDBI Federal Life Insurance Co Ltd Interest in the policy.
- This nomination shall not be effectual unless it is communicated to and registered by IDBI Federal Life Insurance Co. Ltd.
- If the Nomination is in favour of a minor, an appointee must be named in this form
- This will comply with the Nomination guide line of section 39 of insurance act

GENERAL INFORMATION

POLICY NUMBER		Date	DD	MM	YYYY
POLICY OWNER					
ADDRESS					
	City				
	State				PIN
TELEPHONE NUMBERS (STD CODE)	Residence				
	Office				
	Mobile				

I, Mr. / Ms. / Mrs. _____ (the Policy holder), do hereby nominate the following person(s) as my nominee(s) to receive the monies secured by this policy in the event of my death. This nomination cancels the previous nominations, if any, under this policy.

PARTICULARS OF NOMINEE(S)

NOMINEE 1 DETAILS

NOMINEE 1 DETAILS	PERCENTAGE SHARE OF NOMINEE 1	%
NAME		
ADDRESS		
	City	
	State	PIN
TELEPHONE NUMBERS (STD CODE)	Residence	
	Office	
	Mobile	

RELATIONSHIP TO THE POLICY OWNER Parent Spouse Other (Please specify) _____

Gender Male Female **Date Of Birth** DD/MM/YYYY

NOMINEE 2 DETAILS

NOMINEE 2 DETAILS	PERCENTAGE SHARE OF NOMINEE 2	%
NAME		
ADDRESS		
	City	
	State	PIN
TELEPHONE NUMBERS (STD CODE)	Residence	
	Office	
	Mobile	

RELATIONSHIP TO THE POLICY OWNER Parent Spouse Other (Please specify) _____

Gender Male Female **Date Of Birth** DD/MM/YYYY

NOMINEE 3 DETAILS										PERCENTAGE SHARE OF NOMINEE 3												%			
NAME																									
ADDRESS																									
		City																				PIN			
		State																							
TELEPHONE NUMBERS (STD CODE)		Residence																							
		Office																							
		Mobile																							
RELATIONSHIP TO THE POLICY OWNER		<input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Other (Please specify) _____																							
Gender		Male <input type="checkbox"/>										Female <input type="checkbox"/>										Date Of Birth		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

NOMINEE 4 DETAILS										PERCENTAGE SHARE OF NOMINEE 4												%			
NAME																									
ADDRESS																									
		City																				PIN			
		State																							
TELEPHONE NUMBERS (STD CODE)		Residence																							
		Office																							
		Mobile																							
RELATIONSHIP TO THE POLICY OWNER		<input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Other (Please specify) _____																							
Gender		Male <input type="checkbox"/>										Female <input type="checkbox"/>										Date Of Birth		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

WITNESS DETAILS																									
NAME																									
ADDRESS																									
		City																				PIN			
		State																							
SIGNATURE OF THE WITNESS																									

In case of a minor nominee, please fill in the following additional information:

I hereby appoint the below-mentioned appointee to receive the money secured by the policy in the event of my death during the minority of nominee.

APPOINTEE DETAILS																									
NAME																									
ADDRESS																									
		City																				PIN			
		State																							
RELATIONSHIP TO NOMINEE		<input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Other (Please specify) _____																							

EXECUTED ON THIS										Date		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Place _____									
Signature of Policy Owner														Signature of The Appointee (if Any)									