



IDBI Federal Life Insurance Co Ltd

IRDAI Regn. No. 135. | Corporate Identity Number: U66010MH2007PLC167164.
 22nd Floor, A Wing, Marathon Futurex, N M Joshi Marg, Lower Parel (E), Mumbai 400013.
 Toll Free: 1800 209 0502 (Monday to Saturday; 8 am to 8 pm). E-mail: support@idbifederal.com.
www.idbifederal.com.

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	D	D	/	M	M	/	Y	Y	Y	Y
POLICY OWNER																										
ADDRESS																										
	City																									
	State																PIN									
TELEPHONE NUMBERS (STD CODE)	Residence																									
	Office																				Mobile					
	Email ID.																									

Note: Your email id will be registered for "Go Green" and all future communications regarding your policy/ies will be sent to this email id. This may lead to discontinuance of physical statements.

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															PERCENTAGE SHARE OF NOMINEE 1					%					
NAME																									
ADDRESS																									
	City																								
	State																PIN								
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					D	D	/	M	M	/	Y	Y	Y	Y

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	<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					D	D	/	M	M	/	Y	Y	Y	Y

NOMINEE 3 DETAILS	PERCENTAGE SHARE OF NOMINEE 3	%
NAME		
ADDRESS		
	City	
	State	PIN
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"/> <input type="text"/> <input type="text"/>

NOMINEE 4 DETAILS	PERCENTAGE SHARE OF NOMINEE 4	%
NAME		
ADDRESS		
	City	
	State	PIN
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"/> <input type="text"/> <input type="text"/>

WITNESS DETAILS		
NAME		
ADDRESS		
	City	
	State	PIN
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	
	State	PIN
RELATIONSHIP TO NOMINEE	<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"/> <input type="text"/> <input type="text"/>
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"/> <input type="text"/> <input type="text"/>	Place _____

DECLARATION	
I hereby give my consent to IDBI Federal Life Insurance to contact me or send any communication related to my policy/ies on my mobile number/email ID. I hereby give my consent to IDBI Federal Life Insurance to send any communication related to my policy/ies on my Whats App Account.	
<div style="border: 1px solid black; width: 200px; height: 40px; margin: 0 auto;"></div> Signature of Policy Owner	<div style="border: 1px solid black; width: 200px; height: 40px; margin: 0 auto;"></div> Signature of The Appointee (If Any)