

Nomination Form

Policy No.								
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Form for effecting/changing nomination by holder of the policy on his/her own life

Customer Contact No.									
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I		F	I	R	S	T					M	I	D	D	L	E															L	A	S	T	(Policy Owner)
---	--	---	---	---	---	---	--	--	--	--	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	---	---	---	---	----------------

hereby nominate Mr./Mrs./Ms.

F	I	R	S	T				M	I	D	D	L	E					L	A	S	T	
---	---	---	---	---	--	--	--	---	---	---	---	---	---	--	--	--	--	---	---	---	---	--

Aged

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 years,

Gender ☐ Male ☐ Female

[illegible]

Correspondence Address/ Usual place of residence		F	I	R	S	T							L	A	S	T				F	L	A	T		N	O.
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[illegible][illegible][illegible][illegible][illegible]

as the person(s) who is/are authorised to receive the money in the above mentioned policy, in the event of my death, in lieu of the earlier mentioned nominee,

Mr./Mrs./Ms.	F	I	R	S	T						M	I	D	D	L	E														L	A	S	T
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Signature of the Policyholder

Date	D	D	M	M	Y	Y	Y	Y
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In case of the Nominee being a Minor

I hereby appoint Mr./Mrs./Ms.			F	I	R	S	T					M	I	D	D	L	E									L	A	S	T		(Appointee),
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[illegible]

Correspondence Address/ Usual place of residence		F	I	R	S	T					L	A	S	T			F	L	A	T		N	O.
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[illegible][illegible][illegible][illegible][illegible]

as the appointee for the nomination of a minor.

Signature of the Policyholder

Date

D

D

M

M

Y

Y

Y

Y

I,

	F	I	R	S	T										L	A	S	T	
--	---	---	---	---	---	--	--	--	--	--	--	--	--	--	---	---	---	---	--

 do hereby give my consent to my appointment as appointee under the contract.

Signature of the Appointee

Date

D

D

M

M

Y

Y

Y

Y

Name of the Witness				F	I	R	S	T						M	I	D	D	L	E									L	A	S	T								
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Signature of the Witness

Address of the Witness	F	I	R	S	T	L	A	S	T	F	L	A	T	N	O.

	B	U	I	L	D	I	N	G									R	O	A	D		N	A	M	E	/	N	O.						
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[illegible][illegible][illegible]

PREFIX	L	A	N	D	L	I	N	E		M	O	B	I	L	E		EMAIL ADDRESS
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Witness details are mandatory for all nomination requests

I hereby declare that I have fully explained/translated the contents mentioned in the Nomination form to _____ and I further declare that he/she/they fully understood the meaning thereof.

[illegible]

Date

Name & Address of Declarant										F	I	R	S	T	M	I	D	D	L	E	L	A	S	T	F	L	A	T	N	O.			
B	U	I	L	D	I	N	G											R	O	A	D	N	A	M	E	/	N	O.					
																		L	A	N	D	M	A	R	K	1							
D	I	S	T	R	I	C	T	/	T	A	L	U	K	A					L	A	N	D	M	A	R	K	2						
C	I	T	Y	/	V	I	L	L	A	G	E					S	T	A	T	E								Pin Code					
PREFIX										L	A	N	D	L	I	N	E	M	O	B	I	L	E	EMAIL ADDRESS									

[illegible]

Date

(If Yes, then mandatory to fill the FATCA/CRS declaration)

[illegible]

	F	I	R	S	T						M	I	D	D	L	E												L	A	S	T	
--	---	---	---	---	---	--	--	--	--	--	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	---	---	---	---	--

Date

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS: IRDAI or its officials do not involve in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.



Policy No.							
Date	D	D	M	M	Y	Y	Y

I hereby give you notice that I have nominated *Mr./Mrs./Ms.*

Correspondence Address/ Usual place of residence

B	U	I	L	D	I	N	G									R	O	A	D			N	A	M	E	/	N	O.										
																L	A	N	D	M	A	R	K	1														
D	I	S	T	R	I	C	T	/	T	A	L	U	K	A									L	A	N	D	M	A	R	K	2							
C	I	T	Y	/	V	I	L	L	A	G	E					S	T	A	T	E							Pin Code											
PREFIX	L	A	N	D	L	I	N	E							M	O	B	I	L	E				EMAIL ADDRESS														

Kindly acknowledge the receipt and send the document after registering the nomination in your records.

Date

D

D

M

M

Y

Y

Y

Y

I hereby appoint Mr./Mrs./Ms.

Aged

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 years, who is the nominee's

Correspondence Address/ Usual place of residence

	B	U	I	L	D	I	N	G								R	O	A	D		N	A	M	E	/	N	O.													
																	L	A	N	D	M	A	R	K		1														
	D	I	S	T	R	I	C	T	/	T	A	L	U	K	A										L	A	N	D	M	A	R	K		2						
	C	I	T	Y	/	V	I	L	L	A	G	E					S	T	A	T	E																			
PREFIX	L	A	N	D	L	I	N	E						M	O	B	I	L	E					EMAIL ADDRESS																

as the appointee for the nomination of a minor.

Date

D

D

M

M

Y

Y

Y

Y

I,

 do hereby give my consent to my appointment as appointee under the contract.

Correspondence Address/ Usual place of residence																									F L A T N O.				
B U I L D I N G										R O A D N A M E										/ N O.									
										L A N D M A R K										1									
D I S T R I C T / T A L U K A										L A N D M A R K										2									
C I T Y / V I L L A G E										S T A T E										Pin Code									
PREFIX					L A N D L I N E					M O B I L E					EMAIL ADDRESS														

Signature of the Policyholder _____ Date

Kindly note that you can check the status of your Service request any time at <https://customer.IndusIndnipponlife.com/customer/> or call our toll free number 1800-102-1010 between 8 AM to 8 PM Monday to Saturday (except public holidays)

IndusInd Nippon Life Insurance Company Limited (Formerly Reliance Nippon Life Insurance Company Limited). IRDAI Registration No. 121. Registered & Corporate Office: Unit Nos.401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai-400051, India. T +91 22 6896 5000. For more information or any grievance, 1. Call us between 8 am to 8 pm, Monday to Saturday (except public holidays) on our Toll-Free Number - 1800 102 1010 or 2. Visit us at www.indusindnipponlife.com 3. Email us at customerservice@indusindnipponlife.com. 4. Chat with us on our WhatsApp number (+91) 7208852700. The trade logo displayed above belongs to IndusInd International Holdings Limited & Nippon Life Insurance Company and is used by IndusInd Nippon Life Insurance Company Limited under license.

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS: IRDAI or its officials do not involve in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

Customer Acknowledgment

We acknowledge the receipt of the Nomination Form for your IndusInd Nippon Life Insurance Policy No.

on:

 Your Service Request Number is

Signature _____ Branch Stamp _____
Name of the CCE:

Kindly note that you can check the status of your Service request any time at <https://customer.IndusIndnipponlife.com/customer/> or call our toll free number 1800-102-1010 between 8 AM to 8 PM, Monday to Saturday.