



IndusInd Nippon Life

Nomination Form

Policy No.

Form for effecting/ changing nomination by holder of the policy on his/her own life

Customer Contact No.

I, FIRST MIDDLE LAST (Policy Owner)

hereby nominate Mr./Mrs./Ms. FIRST MIDDLE LAST Aged years,

Gender Male Female

who is my (relationship)

Correspondence Address/ Usual place of residence FIRST LAST FLAT NO.

BUILDING ROAD NAME / NO.

LANDMARK 1

DISTRICT / TALUKA LANDMARK 2

CITY / VILLAGE STATE Pin Code

PREFIX LANDLINE MOBILE EMAIL ADDRESS

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. FIRST MIDDLE LAST

Signature of the Policyholder

Date D D M M Y Y Y

In case of the Nominee being a Minor

I hereby appoint Mr./Mrs./Ms. FIRST MIDDLE LAST (Appointee),

Aged years Gender Male Female who is the nominee's (relationship)

Correspondence Address/ Usual place of residence FIRST LAST FLAT NO.

BUILDING ROAD NAME / NO.

LANDMARK 1

DISTRICT / TALUKA LANDMARK 2

CITY / VILLAGE STATE Pin Code

PREFIX LANDLINE MOBILE EMAIL ADDRESS

as the appointee for the nomination of a minor.

Signature of the Policyholder

Date D D M M Y Y Y

I, FIRST LAST 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

Name of the Witness FIRST MIDDLE LAST

Signature of the Witness

Address of the Witness FIRST LAST FLAT NO.

BUILDING ROAD NAME / NO.

LANDMARK 1

DISTRICT / TALUKA LANDMARK 2

CITY / VILLAGE STATE Pin code

PREFIX LANDLINE MOBILE EMAIL ADDRESS

Witness details are mandatory for all nomination requests

If signature is in vernacular, please complete the following declaration

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.

Signature of the Declarant

(Declarant should not be an employee/advisor of IndusInd Nippon Life Insurance)

I hereby confirm that I have been explained the contents in (language) and have understood the same.

Signature of the Policyholder

Residential status: Indian Non Resident Indian (NRI) Country, if NRI _____

Residence for tax purposes in Jurisdiction(s) outside India Yes No

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

Please fill below details in case of more than one nominee for changing nomination by holder of the policy on his/her own life

The total sum of nomination percentage has to be 100%. KYC for nominee and appointee is mandatory.

Address mentioned on the KYC will be considered as correspondence address for new nominee & appointee.

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,

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

Signature of the Policyholder

Date

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.



IndusInd Nippon Life

Notice of Nomination

Policy No.								
Date	D	D	M	M	Y	Y	Y	Y

To
The Manager,
Customer Care,
IndusInd Nippon Life Insurance Co Ltd

Dear Sir,

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

Correspondence Address/ Usual place of residence												FLAT	NO.					
B	U	I	L	D	I	N	G					ROAD	NAME / NO.					
												LANDMARK	1					
D	I	S	T	R	I	C	T	/	T	A	L	U	K	A	LANDMARK	2		
C	I	T	Y	/	V	I	L	L	A	G	E		STATE		Pin Code			
PREFIX	L	A	N	D	L	I	N	E				M	O	B	I	L	E	EMAIL ADDRESS

as the nominee for my above mentioned policy.

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

Signature of the Policyholder

Date D D M M Y Y Y Y

I hereby appoint Mr./Mrs./Ms.		FIRST	MIDDLE	LAST	(Appointee),	
Aged		years, who is the nominee's				(relationship)
Correspondence Address/ Usual place of residence					FLAT	NO.
BUILDING			ROAD	NAME / NO.		
			LANDMARK	1		
DISTRICT / TALUKA			LANDMARK	2		
CITY / VILLAGE			STATE	Pin Code		
PREFIX	LANDLINE	MOBILE		EMAIL ADDRESS		

as the appointee for the nomination of a minor

Signature of the Policyholder

I, do hereby give my consent to my appointee under the contract.

Correspondence Address/ Usual place of residence												FLAT	NO.
BUILDING						ROAD NAME / NO.							
						LANDMARK 1							
DISTRICT / TALUKA						LANDMARK 2							
CITY / VILLAGE						STATE						Pin Code	
PREFIX	L	A	N	D	L	I	N	E				EMAIL ADDRESS	

Signature of the Policyholder

Date DDMMYY

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)

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Customer Acknowledgment

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

on: DDMMYY

Your Service Request Number is

Signature

Branch Stamp

Name of the CCE:

FIRST MIDDLE LAST

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