

NOMINATION FORM

Any alterations/corrections made in the form needs to be duly signed by the policy owner.
Please use a separate request form for each policy.

Policy No/ Application No :

Date:

Name of the Policy Owner

Title First Name Middle Name Surname

Endorsement:

1. The form must be filled by the holder of the policy of life insurance on his own life.
2. As per Insurance Act 1938 the nomination cannot be effected if the Policy Owner & the Life Insured are two different persons.
3. All previous nominations shall be automatically cancelled on execution of this form and the nomination last received by the company shall prevail over all previous nominations.
4. If the nomination is in favour of a minor, an appointee who is a major must be named in this form.
5. The Company expresses no opinion as to the validity of the nomination.
6. Address proof and Photo ID proof with DOB -Self attested and attested by BSLI authorized signatory

I _____ as the life insured and policy owner under the above policy nominate following person(s), to whom the money secured by the policy shall be paid in event of my death.

Name	Age / Date of Birth	Relationship of Nominee with insured	Communication Address

Appointee details (To be filled if nominee is minor)

Name of Appointee Date: Age

Address

Relationship with Policy Owner

 Signature of Appointee

 Signature of the Life Insured/Policy Owner

Witness Name

Date:

Place:

 Witness's Signature & Date

Please ensure to collect stamped, signed and filled up acknowledgement slip, which you can refer to for all your communications in regard to this request

To update your contact details please complete the Policy Service Request Form

Birla Sun Life Insurance Company Limited

Regn. No.: 109, Regd Office: One Indiabulls Centre, Tower 1, 15th & 16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road Mumbai - 400013.

Contact us: 1-800-270-7000 (Toll Free) Fax No. 022-4356 9035. www.birlasunlife.com Insurance is the subject matter of the solicitation.

Acknowledgement slip

Received with thanks a request for Nomination Form On ___/___/___ (Date) at _____ am/pm (Time).

BSLI Staff's Name & Sign: _____

Inward Reg Sr No: _____ Stamp/Seal of the branch

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Note: Please produce this acknowledgement slip for any communication with regard to this request in future.