

NOMINATION FORM

Any alterations/corrections made in the form need 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 Holder:

Title: First Name: Middle Name: Surname:

Current Address:

Pin Code:

Telephone (O) No.: STD code: Mobile No.:

Telephone (R) No.: STD code: Email:

Endorsement:

- The form must be filled by the policyholder.
- As per Insurance Act 1938 the nomination cannot be effected if the Policy Owner and the Life Insured are two different persons.
- 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.
- If the nomination is in favour of a minor, an appointee who is a major must be named in this form.
- The Company expresses no opinion as to the validity of the nomination.
- Address proof and Photos 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	New nominee is a PEP (Politically Exposed Person)
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Appointee details (To be filled if nominee is minor)

Name of Appointee: Date: Age:

Address:

Relationship with Policy Owner:

I hereby provide my consent to receive a call with regards to my request as given herein

Signature of Appointee

*Signature for Life Insured/Policy Owner

Witness Name:

*Date:

Place:

Witness's Signature and Date

Fields marked with * are compulsory.

Please turn around for updation of banking details

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, 16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013.
 Write to us: G Corp Tech Park, 6th Floor, Kasar Wadavali, Ghodbunder Road, Thane - 400601. Contact Us: 1800-270-7000 (Toll Free), Tel. No. 6723 9100.
 Email: customerservice@birlasunlife.com | www.insurance.birlasunlife.com | Corporate Identity Number: U99999MH2000PLC128110.
 Insurance is the subject matter of the solicitation.

Please collect stamped, dully filled and signed acknowledgement slip, which you can refer to for all your communication in regard to this request.

Acknowledgement Slip

Received a request for Nomination On ___/___/___ at _____ am/pm/

BSLI Staff's Name & Sign: _____

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

*Policy No./Application No.:



Track your policy with ease. Log on to www.insurance.birlasunlife.com, generate your own Username/Password to manage your policy efficiently.

Birla Sun Life
Insurance

NOMINATION FORM

Bank Account Details (All fields are mandatory)

Pan Card Number

UID Number

PAN should be furnished when the customer's annual contribution* is Rs. 50,000 or more in a financial year

*Annual contribution would mean total Annual premium across all policies held by the customer + sum of all Top ups made in a financial year + any other payments made by the customer in the financial year

Bank Name:

Bank Address:

Bank Account Holder's Name:

Bank Account Number:

11 Digit IFSC Code:

(You can get this code from your bank)

Note: Birla Sun Life Insurance will not be responsible in case of non credit to your account or if transaction is delayed or not effected at all for reasons of incomplete/incorrect information provided or rejected by your bank. In case of requisite information for direct credit is not received or transaction rejected by bank the payout will be made vide cheque.

Mandatory Requirements

- Please submit Original Cancelled Cheque with pre printed name & account number
- Please submit pass book copy / Bank Statement bearing pre printed name, residence address & account number; incase cancelled cheque does not have printed name & account number, carry original for verification at branch
- In case the cancelled cheque carries pre-printed name and account number, but has "New Account" printed on it, kindly submit an attested copy of the passbook/bank statement bearing preprinted or handwritten name and account number. Please carry original passbook/bank statement to the branch for verification purposes
- Valid address KYC proof, carry originals for verification at branch
- Self attested valid ID proof, carry originals for verification at branch
- All documents needs to be self attested by the Policy owner & attested by BSLI Authorized branch personnel.

Note: • Direct Transfers are not applicable for NRE accounts. • The bank account details will be linked to all your policies under your client id. • In case of changes made in existing bank account details, there will be a waiting period of 30 days from the date of registration of these changes before processing of any payout request.

Valid Photo ID Proofs

- Passport
- Pan Card
- Voter's Identity Card
- Driving License
- PIO card with photograph
- Bankers Certificate with photograph
- Employer's Certificate with photograph
- Valid Debit / Credit Card with photograph
- Employees ID Card with photograph
- ESIC card with photograph
- Armed Force ID cards with photograph
- Post office savings A/c, PPF Account with photograph
- Bar Council ID for Lawyers with photograph
- Letter from a recognized public Authority or public servant on individual/department letter head with stamp/seal verifying the identity of the customer.
- Aadhar ID (UID)

Valid Photo KYC Proofs

- Telephone Bill / Mobile Bills (Not older than 6 months)
- Electricity Bill (Not older than 6 months)
- Bank Statement / Employer's Letter (Not older than 6 months)
- Passport Copy
- Letter from a recognized public Authority or public servant on individual/department letter head with stamp/seal verifying the residence of the customer
- Ration card
- Lease agreement + rent receipt (not older than 3 months from the date of acceptance)