



jeevan suraksha ka  
naya nazariya

1800-102-4444

www.bharti-axalife.com

SMS SERVICE to 56677

We will be in touch within 24 hours  
to address your query

## Nomination Form

### Policy Details

Kindly fill in BLOCK LETTERS only.

Policy Number:

Name of Plan:

Are you a US Citizen or US tax resident  Yes  No)

If Yes, Please provide TIN: \_\_\_\_\_

### Policyholder Contact Details

Landline No. (Residence):

\*Mobile No.:  
(Mandatory)

Landline No. (Office):

Email ID:

All communications will be on the e-mail id mentioned above (if available). The mode of communication from and to the company would include electronic mode like sms, email etc.

Please tick 'Physical copy' if you want to receive communication in electronic form as well as physical Copy

Physical Copy:

### Declaration

(Please read the Instructions/Notices mentioned overleaf before filling up this form.)

I,  (the policyholder),  
First Name Middle Name Last Name

do hereby nominate the following person(s) as my nominee(s) to receive the money secured by this policy in the event of my death. This nomination cancels the previous nomination, if any, under this policy.

In case of Bharti AXA Life Bright Stars policy, I also hereby declare that in the event of my death, the Nominee / Appointee can exercise the applicable policy benefits that are available under the policy.

Thumb Impression / Signature of the Policyholder →

Date of Birth:

Place: \_\_\_\_\_

### Endorsement

I,  (the policyholder)  
First Name Middle Name Last Name

nominate the following person(s) as my nominee(s) to be the person(s) who will receive the money secured by the above policy in the event of my death.

	Nominee 1	Nominee 2	Nominee 3
Name			
Age			
Relationship to the Life Insured			

Thumb Impression /  
Signature of the Policyholder →

Witness Signature →

Date:

Name of the Witness:

First Name

Middle Name

Last Name

Address of Witness:

City

State

Pin Code

