



# Change / Correction / Addition of Nomination



Note: Please complete the form in CAPITAL LETTERS.

All fields with (\*) are mandatory

|                       |                 |                      |                        |                      |
|-----------------------|-----------------|----------------------|------------------------|----------------------|
| <b>POLICY DETAILS</b> | Policy Number*: | <input type="text"/> | Policy Holder's Name*: | <input type="text"/> |
|-----------------------|-----------------|----------------------|------------------------|----------------------|

|                |            |                      |          |                      |       |                      |
|----------------|------------|----------------------|----------|----------------------|-------|----------------------|
| <b>ADDRESS</b> | Address*:  | <input type="text"/> |          |                      |       |                      |
|                | City*:     | <input type="text"/> | State*:  | <input type="text"/> | PIN*: | <input type="text"/> |
|                | Landline*: | <input type="text"/> | Mobile*: | <input type="text"/> |       |                      |
|                | E-mail*:   | <input type="text"/> |          |                      |       |                      |

**I hereby request Exide Life Insurance Company Limited to change/correct my nomination for the above policy number as below:**

| Policy Details                  | Existing Details     |                      | Requested Details    |                      |
|---------------------------------|----------------------|----------------------|----------------------|----------------------|
|                                 | Nominee              | Appointee            | Nominee              | Appointee*           |
| Name                            | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Relationship with Policy Holder | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of Birth                   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

\*If the nominee is a minor, appointee details are to be furnished mandatorily.

|   |  |                      |
|---|--|----------------------|
| <b>DECLARATION</b>  | I take full responsibility for the genuineness and correctness of the details filled herein. |                      |
|   | Signature / Thumb Impression of the Policy Owner / Assignee*:                                | Witness Signature*:  |
|   | Date <input type="text"/>  | <input type="text"/> |
| Name & Address of the Witness*:   |  | <input type="text"/> |
| *(Should be someone other than the advisor/agent/employee of the company and who has also explained the contents of this form if signature is in vernacular or a thumb impression.) |  |                      |

|  |   |
|--|---|
| <b>DOCUMENTS REQUIRED</b>  | <b>If there is a change in address, please submit any one of the following address proof. Tick against the appropriate (✓)*</b>   |
|  | Telephone Bill <input type="checkbox"/> Water Bill <input type="checkbox"/> Employer's Certificate <input type="checkbox"/> Co. Lease Agreement/ Rent <input type="checkbox"/> ESI Card <input type="checkbox"/> Ration Card <input type="checkbox"/>   |
|  | Valid Passport <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Valid Driving License <input type="checkbox"/> Bank letter/ statement <input type="checkbox"/> Aadhar Card <input type="checkbox"/> Gas Bill <input type="checkbox"/> |
| Note: Statements/Receipt/Bill/Certificate should not be more than six months old from the request submission date. |   |

|                            |  |                      |               |                      |            |                      |
|----------------------------|--|----------------------|---------------|----------------------|------------|----------------------|
| <b>FOR OFFICE USE ONLY</b> | Name of the Customer Service Representative: | <input type="text"/> | Branch Code:  | <input type="text"/> | Signature: | <input type="text"/> |
|                            | Date:  | <input type="text"/> | Employee No.: | <input type="text"/> |            |                      |

|                             |   |  |                            |
|-----------------------------|---|--|----------------------------|
| <b>ACKNOWLEDGEMENT SLIP</b> | <b>This is to acknowledge the receipt of your application for change / correction / addition of nomination.</b> | Customer Service Executive Signature:            | <input type="text"/>       |
|                             | Policy Number: <input type="text"/>   | Date: <input type="text"/>                       | Date: <input type="text"/> |
|                             | Documents received:<br>Valid Address Proof <input type="checkbox"/>   | Specimen Signature Form <input type="checkbox"/> |                            |
|                             | Others: <input type="text"/>  |  |                            |

POS/ANOC/Version 2.0