

## APPLICATION FOR NOMINATION

(Kindly fill in Block Letters)

### INSTRUCTIONS

- This form must be filled only when the Policy holder and the Life insured is the same person (in case of death of Proposer in case of Waiver of Premium benefit where the person to be insured is minor).
- All previous nominations stands cancelled on registration of this form.
- The assignment of a policy shall automatically cancel any nomination made in the policy, except where the policy is assigned to IDBI Federal life Insurance Co Ltd in which case the nominee's right shall be affected to the extent of IDBI Federal Life Insurance Co Ltd Interest in the policy.
- This nomination shall not be effectual unless it is communicated to and registered by IDBI Federal Life Insurance Co. Ltd.
- If the Nomination is in favour of a minor, an appointee must be named in this form
- This will comply with the Nomination guide line of section 39 of insurance act

### GENERAL INFORMATION

<b>POLICY NUMBER</b>		<b>Date</b>	DD	MM	YYYY
<b>POLICY OWNER</b>					
<b>ADDRESS</b>					
	City				
	State				PIN
<b>TELEPHONE NUMBERS (STD CODE)</b>	Residence				
	Office				
	Mobile				

I, Mr. / Ms. / Mrs. \_\_\_\_\_ (the Policy holder), do hereby nominate the following person(s) as my nominee(s) to receive the monies secured by this policy in the event of my death. This nomination cancels the previous nominations, if any, under this policy.

### PARTICULARS OF NOMINEE(S)

NOMINEE 1 DETAILS		PERCENTAGE SHARE OF NOMINEE 1		%
<b>NAME</b>				
<b>ADDRESS</b>				
	City			
	State			
	PIN			
<b>TELEPHONE NUMBERS (STD CODE)</b>	Residence			
	Office			
	Mobile			
<b>RELATIONSHIP TO THE POLICY OWNER</b>	<input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Other (Please specify) _____			
<b>Gender</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	<b>Date Of Birth</b>	DD/MM/YYYY
NOMINEE 2 DETAILS		PERCENTAGE SHARE OF NOMINEE 2		%
<b>NAME</b>				
<b>ADDRESS</b>				
	City			
	State			
	PIN			
<b>TELEPHONE NUMBERS (STD CODE)</b>	Residence			
	Office			
	Mobile			
<b>RELATIONSHIP TO THE POLICY OWNER</b>	<input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Other (Please specify) _____			
<b>Gender</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	<b>Date Of Birth</b>	DD/MM/YYYY

<b>NOMINEE 3 DETAILS</b>										<b>PERCENTAGE SHARE OF NOMINEE 3</b>												%			
<b>NAME</b>																									
<b>ADDRESS</b>																									
		City																				PIN			
		State																							
<b>TELEPHONE NUMBERS (STD CODE)</b>		Residence																							
		Office																							
		Mobile																							
<b>RELATIONSHIP TO THE POLICY OWNER</b>		<input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Other (Please specify) _____																							
<b>Gender</b>		Male <input type="checkbox"/>										Female <input type="checkbox"/>										<b>Date Of Birth</b>		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

<b>NOMINEE 4 DETAILS</b>										<b>PERCENTAGE SHARE OF NOMINEE 4</b>												%			
<b>NAME</b>																									
<b>ADDRESS</b>																									
		City																				PIN			
		State																							
<b>TELEPHONE NUMBERS (STD CODE)</b>		Residence																							
		Office																							
		Mobile																							
<b>RELATIONSHIP TO THE POLICY OWNER</b>		<input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Other (Please specify) _____																							
<b>Gender</b>		Male <input type="checkbox"/>										Female <input type="checkbox"/>										<b>Date Of Birth</b>		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

<b>WITNESS DETAILS</b>																									
<b>NAME</b>																									
<b>ADDRESS</b>																									
		City																				PIN			
		State																							
<b>SIGNATURE OF THE WITNESS</b>																									

In case of a minor nominee, please fill in the following additional information:

I hereby appoint the below-mentioned appointee to receive the money secured by the policy in the event of my death during the minority of nominee.

<b>APPOINTEE DETAILS</b>																									
<b>NAME</b>																									
<b>ADDRESS</b>																									
		City																				PIN			
		State																							
<b>RELATIONSHIP TO NOMINEE</b>		<input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Other (Please specify) _____																							

<b>EXECUTED ON THIS</b>										Date		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Place _____									
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>												<div style="border: 1px solid black; width: 100%; height: 100%;"></div>											
Signature of Policy Owner												Signature of The Appointee (if Any)											