

## FORM FOR NOMINATION / APPOINTEE ADDITION

- Please fill this form in BLOCK LETTERS using black or blue ink
- This form must be filled by the holder of a policy of life insurance on his own life
- "If the nomination is in favour of a minor, Appointee details are mandatory".
- If the policyholder desires to appoint more than one nominee, all the nominees must be appointed in the same form.
- All previous nominations shall be automatically cancelled on the receipt of this form and the form last received by the company shall prevail for establishing a claim.
- The assignment of a policy shall automatically cancel any nomination made in the policy, except where the policy is assigned to Kotak Mahindra Old Mutual Life Insurance Limited. In which case the nominees' right shall be affected to the extent of the insurers interest in the policy
- This nomination form must be sent to the "Kotak Mahindra Old Mutual Life Insurance Limited, Policy Servicing Department, Central Processing Centre, 7th Floor, Kotak Infinity, Building No.21, Raheja Infinity Park, Off Western Express Highway, Goregaon Mulund link Road, Malad (E), Mumbai-400097."
- This nomination shall not be effectual unless it is communicated to and registered by Kotak Mahindra Old Mutual Life Insurance Limited

### GENERAL INFORMATION

Policy Number	<input type="text"/>	Client ID	<input type="text"/>
Name of Life Insured	<input type="text"/>		
Mr./Ms./Mrs.	Surname	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### CONTACT NUMBERS (with STD codes)

Residence	<input type="text"/>	Office	<input type="text"/>
Mobile	<input type="text"/>	Email	<input type="text"/>

Do your bit for green world & Switch to e-communication. Kindly mark if you would like to receive your communication through electronic mode.

I, \_\_\_\_\_, as the Life Insured in the above named policy nominate the following person(s) to whom the money secured by the policy shall be paid in the event of my death.

### PARTICULARS OF THE NOMINEE (S)

PARTICULARS	NOMINEE-1	NOMINEE-2
Client ID <small>(for existing Kotak Life Insurance policyholders)</small>	<input type="text"/>	<input type="text"/>
Percentage Share	<input type="text"/> (%)	<input type="text"/> (%)
Title	Mr. <input type="text"/> Ms. <input type="text"/> Mrs. <input type="text"/> Dr. <input type="text"/>	Mr. <input type="text"/> Ms. <input type="text"/> Mrs. <input type="text"/> Dr. <input type="text"/>
FULL NAME	Surname <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/>	Surname <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/>
Date of Birth	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Relationship to the Life Insured	<input type="text"/>	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
ADDRESS	Office <input type="checkbox"/> Permanent Residence <input type="checkbox"/> Current Residence <input type="checkbox"/>	Office <input type="checkbox"/> Permanent Residence <input type="checkbox"/> Current Residence <input type="checkbox"/>
	Flat/Building <input type="text"/>	Flat/Building <input type="text"/>
	Road/Sector <input type="text"/>	Road/Sector <input type="text"/>
	Area <input type="text"/>	Area <input type="text"/>
	Landmark <input type="text"/>	Landmark <input type="text"/>
	City <input type="text"/>	City <input type="text"/>
	State <input type="text"/> Pin <input type="text"/>	State <input type="text"/> Pin <input type="text"/>
	Residence <input type="text"/>	Residence <input type="text"/>
	Office <input type="text"/>	Office <input type="text"/>
	Mobile <input type="text"/>	Mobile <input type="text"/>
Telephone Number <small>(with STD Codes)</small>	<input type="text"/>	<input type="text"/>
E-mail ID	<input type="text"/>	<input type="text"/>

P.T.O.

**APPOINTEE DETAILS (Mandatory if Nominee is Minor)**

PARTICULARS OF THE APPOINTEE (The person to whom the proceeds/benefits secured under the policy shall be paid if the nominee is a minor)

Form fields for Appointee Details including Title, Surname, First Name, Middle Name, Client ID, Nationality, Date of Birth, Gender, Relationship to Nominee, Address, Telephone Number, and E-mail ID.

Signature of appointee

**DECLARATION BY THE POLICY HOLDER / ASSIGNEE**

I hereby declare that I understand and agree to all the conditions and information given above

Form fields for Declaration by Policy Holder including Place and Date.

Signature of policy holder/assignee

**DECLARATION BY THE PERSON FILLING IN THE FORM (Applicable only where form is filled in by a scribe or signed in vernacular languages)**

I, \_\_\_\_\_ having known the policy holder for a period of \_\_\_\_\_ do declare that I have explained the nature of the questions contained in this form.

Form field for Place.

Form field for Date.

Form fields for Scribe Address including Flat/Building, Road/Sector, Area, Landmark, City, State, and Pin.

Signature of Scribe

**FOR OFFICE USE**

Form fields for Office Use including Name of Branch Official, Branch Code, and Signature of Branch Official.

Form fields for Office Use including Date and Time.

**Kotak Mahindra Old Mutual Life Insurance Ltd.**

Regn. No.: 107, CIN: U66030MH2000PLC128503, Regd. Office: 4th Floor, Vinay Bhavya Complex, 159A,C.S.T. Rd., Kalina, Santacruz (East), Mumbai - 400098
Website: http://insurance.kotak.com | Email: clientservicedesk@kotak.com | Toll Free No. - 1800 209 8800.
Insurance is a subject matter of solicitation.

**ACKNOWLEDGEMENT**

We acknowledge the receipt of your request for change/addition of nominee/appointee for policy number \_\_\_\_\_

Form fields for Acknowledgement including Branch Name and Code, Name of Branch Official, and Signature of Branch Official.

Form fields for Acknowledgement including Date and Time.

**Kotak Mahindra Old Mutual Life Insurance Ltd.**

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Website: http://insurance.kotak.com | Email: clientservicedesk@kotak.com | Toll Free No. - 1800 209 8800.
Insurance is a subject matter of solicitation.