FORM FOR CHANGE OF APPOINTEE

SBI Life INSURANCE With Us, You're Sure

Date d d m m y y y y Policy No

Name of the Policyholder

Address:

Contact No s t d r e s i d e n c e s t d o f f i c e e x t m o b i l e

Email ID

All fields are mandatory (At least one contact no is mandatory for processing your request. Contact nos. mentioned above will be updated for future communication)

NOTICE OF CHANGE IN APPOINTEE

To
SBI Life Insurance Co. Ltd
Branch_____

Dear Sir,
Re: Notice for change in Appointee for Policy Number

The nominee being a minor, I hereby give you notice that I hereby appoint

Mr Mrs Ms f i r s t m i d d l e l a s t

the _____(Relationship to Nominee) of the nominee, residing at _____ and whose Date of Birth is _____(dd/mm/yyyy) as the Appointee under the policy to whom the moneys secured by the above Policy shall be paid in the event of my death during the minority of the nominee.

I also confirm that this shall automatically cancel any previous Appointee made by me and named in the text / vide endorsements to the above Policy.

Yours faithfully,

_____
#Signature or Thumb Impression of Policyholder

Endorsement for Appointee on the Policy Document

The nominee being a minor, I hereby appoint

Mr Mrs Ms f i r s t m i d d l e l a s t

the _____(Relationship to Nominee) of the nominee, residing at _____ and whose Date of Birth is _____(dd/mm/yyyy) as the Appointee under the policy to whom the moneys secured by the above Policy shall be paid in the event of my death during the minority of the nominee.

This shall automatically cancel any previous Appointee made by me and named in the text / vide endorsements to the above Policy.

I the above named do hereby endorse my consent to the above appointment

_____
Signature of Appointee

_____
Signature of Witness
Name & _____
Address of Witness_____

_____
#Signature or Thumb Impression of Policyholder

 # In case of signatures in a vernacular language or Thumb Impression, the vernacular language declaration below is to be filled

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DECLARATION FOR SIGNING IN VERNACULAR LANGUAGE / THUMB IMPRESSION

Certification by an English knowing person where Life Assured has signed in a vernacular language or has affixed thumb Impression

I hereby declare that I have read out and explained the contents of this form to the Policy Holder in _____ Language and that I have truly and correctly recorded the information given by him/her and that he/she has affixed his/ her signature / thumb impression on this form in my presence, after fully understanding the contents thereof.

_____
Signature of the Person making the Declaration
Name & Address _____

_____
Signature/ Thumb Impression of the Policy Holder

Terms & Conditions

1) Appointee MUST be named in all cases where the nominee is a minor.
2) Appointee must be major and competent to contract. Appointee should give his consent to his appointment
3) The registration of this appointment of appointee is subject to the receipt of this notice and the form by SBI Life Insurance Co. Ltd
4) All previous Appointments shall be automatically cancelled on execution of this form and the Appointment details last received by the company shall prevail over all previous appointments.
5) On Assignment of a policy the existing nomination and appointment, if any, shall automatically stand cancelled..
6) The Company expresses no opinion as to the validity of this appointment.