Date ddmmvvvv	FORM FOR CHANGE OF NOMINATION $\bigcirc$ SBI $L_{2}$				
d d m m y y y	v v	Policy No		INSURANCE With Us, You're Sure	
Name of the Policyholder					
				<del></del>	
Address:					
		<del>                                     </del>		+	
Contact No s t d r e s i	d e n c	e stdoff	i c e e x t m o k	) i   e	
Email ID					
All fields are mandatory (At least one contact no	is mandatory fo	r processing your request. Conta	ct nos. mentioned above will be updated f	or future communication)	
NOTICE OF NOMINATION					
To SBI Life Insurance Co. Ltd					
Branch					
Dear Sir, Re: Notice for change in Nominee for Policy Number					
I hereby give you notice that I have now nominat death. I also confirm that this nomination shall at Policy.					
Name	*Date of Birth	Relationship with Insured	Communication Address		
Yours faithfully,  #Signature or Thumb Impression of Policyholder					
Endorsement for Nominee on the Policy Document					
		= ::	o whom the moneys secured by the abov		
event of my death. This nomination shall cancel a	all previous nom	inations made by me and named Relationship with Insured	d in the text / vide endorsements to the all Communication Address	bove Policy.	
Name	Date of Birth	Relationship with insured	Communication Address		
Signature of Witness *Signature or Thumb Impression of Policyholder					
Name & Address of Witness					
# In case of signatures in a vernacular language of signa				9	
DECLARATION FOR SIGNING IN VERNACULAR LA Certification where Life Assured has signed in a vi	ANGUAGE / THU	MB IMPRESSION		<del>-</del>	
,		of this form to the Policy Holder			
I hereby declare that I have read out and explain recorded the information given by him/her and t					
I hereby declare that I have read out and explaine					
I hereby declare that I have read out and explain recorded the information given by him/her and t	that he/she has a			oresence, after fully	
I hereby declare that I have read out and explain recorded the information given by him/her and t understanding the contents thereof.	that he/she has a		b impression on the proposal form in my p Signature of the Person m	oresence, after fully	

SBI Life Insurance Co Ltd | Corporate Office: "Natraj", MV Road & Western Express Highway Junction, Andheri(East), Mumbai-400069