

NOMINATION PROFORMA

I the assured under the within policy, hereby nominate under section 39 of the Insurance Act 1938, my (relationship)Named.....Aged years and whose address isas the person to whom the moneys secured under the policy shall be paid in the event of my death.
Signed at thisday of.....200

Signature of Life Assured

Witness

Signature in English

Full name

Occupation

Address

.....
.....
.....

"Certified that the contents of the above nomination have been explained by me to the Assured.....in vernacular and that he/she affixed his/her signature/thumb impression there to in cm' presence after thoroughly understanding the same.

Signature of witness and Address

FORM OF CHANGE OF NOMINATION

I..... , hereby nominate my.....
(relationship)Mr/Mrs/Ms Aged years to be the person/persons
to whom the moneys secured by the within policy shall be paid in the event of my death
in lieu of .Named .n the text of the within policy/endorsement of the within policy

Datedat (place)..... this Day of.....Month
.....200(year).

Witness:

Signature
Full name:

Signature of Life Assured

Occupation

Address:

"Certified that the contents of change of Nomination were explained by me to the Life Assured Mr/Mrs/Msin vernacular and that he/she affixed his/her sio,nature/thumb impression in my presence after understanding the same.

Signature of Witness and Address

NOTICE FOR CHANGE OF NOMINATION

Place:

Date:

To
The Divisional Manager
Shriram Life Insurance Company Ltd.
..... (Place).

Dear Sir/Madam,

Re: Notice for Change of Nomination under policy No

I hereby give notice that I have now nominated as the person/persons to whom the moneys secured by the above policy shall be paid in the event of my death, vide endorsement on the enclosed policy bond in lieu ofNamed in the text of the policy/endorsement dated on the policy bond(i.e., subsequent to issue of policy).

Signature of Life Assured

FORM OF NOMINATION (FOR MINOR NOMINEE)

I the life assured under the within Policy_ hereby nominate my named aged yrs and whose address is (relationship)

.....
..... as the person to whom the moneys secured under this policy shall be paid in the event of my death and I hereby appoint aged..... years and whose address is..... as the person to receive the moneys secured by this policy in the event of my death during the minority of the nominee.

Signed at this day of.....
(Place)

Signature of Life Assured

Witness:
Signature

Full Name

Address

I, above named(Appointee) do hereby endorse my consent to my appointment aforesaid .

Witness:
Signature ..

Full Name

Address .

.....

Signature of Appointee