

Nomination Form

Policy No.

Form for effecting/changing nomination by holder of the policy on his/her own life

Customer Contact No.

I, (Policy Owner)

hereby nominate Mr./Mrs./Ms. aged years,

who is my (relationship)

Correspondence Address/ Usual place of residence F I R S T L A S T F L A T N O.

B U I L D I N G R O A D N A M E / N O.

L A N D M A R K 1

D I S T R I C T / T A L U K A L A N D M A R K 2

C I T Y / V I L L A G E S T A T E Pincode

STD ISD Code L A N D L I N E M O B I L E EMAIL ADDRESS

as the person(s) who is/are authorised to receive the money in the above mentioned policy, in the event of my death, in lieu of the earlier mentioned nominee,

Mr./Mrs./Ms. F I R S T L A S T

Signature of the Policyholder

Date

In case of the Nominee being a Minor

I hereby appoint Mr./Mrs./Ms. (Appointee),

aged years, who is the nominee's (relationship)

Correspondence Address/ Usual place of residence F I R S T L A S T F L A T N O.

B U I L D I N G R O A D N A M E / N O.

L A N D M A R K 1

D I S T R I C T / T A L U K A L A N D M A R K 2

C I T Y / V I L L A G E S T A T E Pincode

STD ISD Code L A N D L I N E M O B I L E EMAIL ADDRESS

as the appointee for the nomination of a minor.

Signature of the Policyholder

Date

I, do hereby give my consent to my appointment as appointee under the contract.

Signature of the Appointee

Date

Name of the Witness

Signature of the Witness

Address of the Witness F I R S T L A S T F L A T N O.

B U I L D I N G R O A D N A M E / N O.

L A N D M A R K 1

D I S T R I C T / T A L U K A L A N D M A R K 2

C I T Y / V I L L A G E S T A T E Pincode

STD ISD Code L A N D L I N E M O B I L E EMAIL ADDRESS

Witness details are mandatory for all nomination requests

If signature is in vernacular, please complete the following declaration

I hereby declare that I have fully explained/translated the contents mentioned in the Nomination form to and I further declare that he/she/they fully understood the meaning thereof.

Signature of the Declarant

Date

(Declarant should not be an employee/advisor of Reliance Nippon Life Insurance)

Name & Address of Declarant															F I R S T					L A S T					F L A T N O.				
B U I L D I N G															R O A D					N A M E / N O.									
															L A N D M A R K					1									
D I S T R I C T / T A L U K A															L A N D M A R K					2									
C I T Y / V I L L A G E															S T A T E					Pincode									
STD ISD Code					L A N D L I N E					M O B I L E					EMAIL ADDRESS														

I hereby confirm that I have been explained the contents in _____ (language) and have understood the same.

Signature of the Policyholder _____

Date

D	D	M	M	Y	Y	Y	Y
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Residential status: Indian Non Resident Indian (NRI) Country, if NRI _____

Residence for Tax purposes in Jurisdiction(s) outside India Yes No
 (If "Yes" then mandatory to fill the FATCA/CRS declaration)

Reliance Nippon Life Insurance Company Limited. IRDAI Registration No: 121. Registered Office: Reliance Centre, 5th floor, Off Western Express Highway, Santacruz East, Mumbai, Mumbai-City District, Maharashtra-400055. For more information or any grievance, 1. Call us between 9am to 6pm, Monday to Saturday on our Toll Free Number 1800 102 1010 or 2. Visit us at www.reliancenipponlife.com or 3. Email us at: rnlife.customerservice@relianceada.com. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited & Nippon Life Insurance Company and used by Reliance Nippon Life Insurance Company Limited under license.

Beware of Spurious / Fraud Phone calls: IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

