

**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

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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)

Please fill below details in case of more than one nominee for changing nomination by holder of the policy on his/her own life

Name of Nominee	Relation with Policy Owner	DOB of Nomiee	Name of appointee if Nominee is minor	DOB of Appointee	Appointee's Relation with Nominee	%age Nomination

The total sum of nomination percentage has to be 100%. KYC for nominee and appointee is mandatory.  
 Address mentioned on the KYC will be considered as correspondence address for new nominee & appointee.  
 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,

F	I	R	S	T																L	A	S	T
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Signature of the Policyholder

Date 

D	D	M	M	Y	Y	Y	Y
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