

Tata AIA Life Insurance Company Limited

NOMINATION FORM



Important Notes:

- 1. All previous nominations shall be automatically cancelled on execution of this form and the nomination last approved by the company shall prevail for registering the same.
- 2. If the nomination is in favor of a minor, an appointee who is a major must be named in this form
- 3. The company expresses no opinion as to the validity of the nomination.
- 4. ALL THE INFORMATION IS TO BE FILLED IN BLOCK LETTERS ONLY
- 5. In case of multiple minor nominees, only one appointee is applicable.
- 6. Total % of all nominees should be equal to 100%. Values in decimal are not allowed

Policy Number:

I, _____ (the Policyowner), hereby nominate the following person(s) as my nominee to be the person who will receive the moneys secured by this policy in the event of my death instead of _____ the person named in the text of the policy/endorsement dated _____ on the policy (to be filled in case of change of nomination only):

| Name | Date of Birth DD/MM/YYYY | Relationship with Insured | Gender | % allocation | Communication Address |
|------|-----------------------------|------------------------------|--------|--------------|-----------------------|
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(To be filled only in case the nominee is minor)

I hereby appoint the following person as the Appointee to be the person to receive the money secured by the policy in the event of my death during the minority of the nominee:

| Name | Age (in yrs) | Relationship with Nominee | Gender | Communication Address |
|------|-----------------|------------------------------|--------|-----------------------|
| | | | | |

DECLARATION IN CASE POLICYOWNER IS ILLITERATE OR SIGNING IN VERNACULAR:

I _____ (name) with _____ (identify type) _____ (identity number) hereby declare that I have explained the contents of the Nomination Form to the Policyowner in _____ language and that the Policyowner has signed / affixed his/her thumb impression on the Nomination Form after fully understanding the contents thereof.

Signature of the declarant _____ Signature/ Thumb impression of Policyowner _____

Signature of the witness _____

NOTE: 1) All signatures must be in blue ink. Names should be written as they appear in our record.

2) The witness has to be 21 years old and above, who is not the beneficiary of this policy.

Signature of Policyowner

Date:

Add 1: _____

Add 2: _____

Add 3: _____

Landmark: _____

City: _____

State: _____ Contact No: _____

Country: _____ PIN: _____

Signature of Witness

Date:

Witness Name: _____

Witness Address: _____

Contact Number: _____