

BAJAJ ALLIANZ LIFE INSURANCE COMPANY LTD.

GE Plaza, Airport Road Yerawada, Pune 411006

Please read the Instructions mentioned hereunder before filling up this form.

Policy Number –

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Instructions

1. The form must be filled by the holder of a policy of life insurance on his own life.
2. All previous nominations shall be automatically cancelled on execution of this form and the nomination last received by the company shall prevail over all previous nomination.
3. If the nomination is in favour of a minor, an appointee who is a major must be named in this form otherwise form would be deemed to be incomplete
4. The assignment shall automatically cancel any nomination made in the policy, except for assignment in favour of Bajaj Allianz Life Insurance Company Ltd in which case the rights of nominee would get affected to the extent the Company's interest in the policy.
5. Witness and Declarant should be a person competent to contract
6. Witness and Declarant should be a different person
7. Please note that separate Forms must be filled for multiple policies.

NOTICE OF NOMINATION (As per provision of Insurance Act,1938)

I, _____ (the Policyholder), hereby nominate the following person(s) as my nominee(s) to be the person(s) who will receive the monies secured by the above Policy in the event of my death.

Thumb Impression/Signature of the Life Assured _____ Date _____

Contact no. _____

FORM OF NOMINATION (As per provision of Insurance Act,1938)

I, _____ (the Policyholder), hereby nominate the following person(s) as my nominee(s) to be the person(s) who will receive the monies secured by the above Policy in the event of my death.

Name		
Age/Date Of Birth		
Relationship of Nominee with insured		

If Nominee is Non Relative, please specify reason for his Nomination

**In case Nominee is Minor, give Appointee details*

Name of Appointee		
Relation		
DOB of Appointee		

Thumb Impression/Signature of the Life Assured _____

Witness Name _____
No. _____

Contact

Witness Address _____

Signature _____ of _____ the _____ Witness: _____ Date: _____
Place

DECLARATION IN CASE

i) **THIS APPLICATION FORM IS FILLED BY A PERSON OTHER THAN THE LIFE ASSURED OR/AND**

ii) **LIFE ASSURED HAS EITHER PUT THUMB IMPRESSION OR SIGNED IN VERNACULAR**

Declaration by Life Assured :

I hereby declare that the content and purport of this form have been fully explained to me by _____ (Name of person filling the form) in the language understood by me and I declare that whatever has been stated hereinabove has been recorded by _____ (Name of person filling the form²) as per information provided by me.

Thumb Impression/Signature of the Life Assured

Declaration by person filling the form:

I have explained the contents of this form to the Life Assured in _____ language and I have correctly recorded the answers provided to me.

I, further, declare that the Life Assured has signed/affixed his/her thumb impression in my presence.

Declarant's Name: _____ (Name of person filling the form) Contact no. _____

Declarant's Address: _____

Declarant's Signature
(Declarant should sign in English Language only)

Date: