NOMINATION FORM

Edelweiss Tokio life

Edelweiss Tokio Life Insurance Company Limited | IRDAI Regn. No. : 147 | CIN: U66010MH2009PLC197336
Registered Office: 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070

Policy No.: ☐☐☐☐☐☐☐☐☐☐ E Date: D D M M Y Y Y Y

Name of the Policy Holder: _____ Tel. No.: _____

Address: _____

_____ Pin Code: _____

Pan Card No. ☐☐☐☐☐☐☐☐☐☐ Aadhaar Card No. ☐☐☐☐☐☐☐☐☐☐☐☐

Change in Nomination / Appointee

Endorsement:

1. Form to be filled by the Policy Holder. On registering the new nominee, earlier Nomination if any will be automatically cancelled.
2. If Nominee is a minor, an Appointee details shall be mentioned below. The Appointee is authorised to receive the claim benefits on event of death of the Life Assured while the Nominee is a minor.
3. If Policy Holder and the Life Assured are two different persons, nomination cannot be effected.
4. On Assignment of the Policy, the Nomination would automatically stand cancelled.
5. The company expresses no opinion as to the validity of the nomination.

I, _____ as the Policy Holder under the above policy nominate following person(s), to whom the money secured by the policy shall be paid in event of my death.

Name	Date of Birth	Relationship	Communication Address

Appointee Details (In case Nominee is a minor)

Name of the Appointee: _____ Date of Birth: D D M M Y Y Y Y

Address: _____

_____

Pin Code: _____ Tel. No.: _____

Relationship with Nominee: _____

Witness Name: _____

Witness Address: _____

Witness Signature: _____ Date: D D M M Y Y Y Y Place: _____

Signature of the Appointee

I hereby declare that all the information given above is true and correct and I agree to all the conditions and information given above.

For Branch Office Use

Branch Name: _____

Staff Name: _____

Staff Sign: _____

Date: _____ Time: _____ a.m./p.m.

Place: _____

Date: D D M M Y Y Y Y Place: _____

Signature of the Policy Holder

Feb_2016/Ver 5

Acknowledgement Slip

Received a request for Addition/Change of Nomination for policy no.: _____ on D D M M Y Y Y Y at _____ a.m./p.m.

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Corporate Office:
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Stamp/ Seal of the Branch