

ADDITION/CHANGE OF APPOINTEE (Tick One)**General Rules:**

- Incase the nominee / beneficiary is a minor, please fill up the Appointee details (Point 3 below)

(dd/mm/yyyy)

Title (Tick one): Mr Mrs. Ms. OthersDate of Birth:

Appointee's Name:

(First Name)										(Middle Name)										(Last Name)									

New Address:

House/Flat No:

Street/Area:

City/District:

State:

Pin Code

Mobile No:

Telephone No (Res):

STD Code

Email ID:

Appointee Relation to the Life Assured:

Declaration of New Appointee: (To be filled incase of change of Appointee)

I hereby accept my appointment as an Appointee to receive the proceeds under the policy on behalf of the Beneficiary/ Nominee who is a minor.

Appointee's Signature: _____ Date: _____ Place: _____

(No thumb impression)

(Life Assured/Proposed Policy Holder's declaration has to be signed overleaf)

DECLARATION OF LIFE ASSURED/LIVES ASSURED/ POLICY HOLDER

I/ We declare that the information I/ We have given is factually correct and true. I/We have not withheld any material information that may influence the assessment or acceptance of this application, else the contract based on the above information will be treated as void.

Policy Holder's Signature: _____ Date: _____

Policy Holder's Name: _____

Declaration to be made by a third person where:

- The life assured has affixed his/her thumb impression; OR
- The life assured has signed in vernacular; OR
- The life assured has not filled the application.

I hereby declare that I have explained the contents of this application form to the life to be assured in _____ language and have truthfully recorded the answers provided to me. I further declare that the life to be assured has signed/affixed his/her thumb impression in my presence

Declarant Signature: _____ Date: _____

Declarant Address _____

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