

Appointee must be above 18 years of age and must not be the Life Assured.)



Appointee Name:	Mr.	Mrs.	Ms.	Dr.	Other entities	Please specify
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D D M M Y Y Y Y

M F

Name of the Nominee:

Relationship with Nominee:

Contact Number:

Email ID:

Address:

The nominee (s) being a minor, I hereby appoint the above as the appointee (s) to receive the moneys secured by the policy during the minority of the nominee (s)

Date : D D M M Y Y Y Y

Place:

SIGN HERE

Signature of Appointee
accepting the appointment

SIGN HERE

Signature of Policyholder
accepting the appointment

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