

Nomination Form

Birla Sun Life Insurance Company Limited

Registered Office: 6th Floor, Vaman Centre, Makhwana Road, Off Andheri-Kurla Road, Andheri (E), Mumbai 400059.
Call Centre: 1-800-22-7000 / 1-800-270-7000 Fax No : 022 - 4096 1373 www.birlasunlife.com.
Insurance is the subject matter of the solicitation.

Any alterations/corrections made in the form need to be signed by the policy owner.
Please use a separate request form for each policy.



Birla Sun Life
Insurance
Registration No. 109

Policy Number

Date _____

Endorsement

1. The form must be filled by the holder of a policy of life insurance on his own life.
2. As per Insurance Act 1938 the nomination cannot be effected if the Policy Owner & the life Insured are two different persons.
3. 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.
4. If the nomination is in favour of a minor, an appointee who is a major must be named in this form.
5. The Company expresses no opinion as to the validity of the nomination.

I _____ as the life insured and policy owner 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	Age / Date of Birth	Relationship of Nominee with insured	Communication Address

Signature of the Life Insured _____

Witness Name _____

Date _____

Place _____

Witness's Signature & Date _____

To be filled only in case the nominee is minor

I hereby appoint my _____ (Relationship of appointee with insured) Mr. / Ms _____
_____ (name of appointee) residing at _____
_____ aged _____ as the Appointee to receive the money secured by
the policy in the event of my death during the minority of the nominee.

Signature of Appointee _____

Signature of the Life Insured & Policy owner _____

Please ensure to collect stamped, signed and filled up acknowledgement slip, which you can refer to for all your communications in regard to this request

FOR/02/07-08/1742



Acknowledgement slip

Received with thanks a request for Nomination against Policy Number _____

On ___ / ___ / ___ Date at _____ AM/PM (Time).

Stamp/Seal of the branch

BSLI Staff's Name & Signature _____

Branch Inward Register Sr No _____

Note: Please produce this acknowledgement slip for any communication with regard to this request in future.



Birla Sun Life
Insurance