Policy Number:

BAJAJ LIFE
LIFE GOALS. DONE.

Appointment of Appointee

Instructions For Filling Up The Form

1. Please answer all questions. 2. Please tick the box ☐ where appropriate. 3. Please strike out parts which are not applicable and write 'N.A.'. 4. Stroke of the pen, dots and dashes will not be accepted as replies. 5. This form is to be filled by the proposer himself/herself in BLOCK LETTERS in black or blue ink. 6. The proposer must sign any cancellation or alteration. 7. Insurance is a contract of utmost good faith, which requires the Insurer, proposer and life to be insured to disclose all material facts. In case of any doubt as to whether a fact is material or not, the fact should be disclosed. As the statements in this proposal constitute warranties, complete and accurate information must be given. 8. The proposer must sign on each page. 9. KYC documents of Policy holder and witness will be required.

Policy Related Details

a) Policy Number: _____ Date: _____

b) Life Assured's Name: _____

c) Policy Holder's Name: _____

d) Mobile: _____ e) Alternate No: _____ f) Email: _____

g) PAN No: _____ h) Aadhaar No.: _____

To,
Bajaj Life Insurance Limited

I, _____ (Name of policy Holder) in the Policy of Life Assurance No. _____ ("Policy") with Bajaj Life Insurance Limited, do hereby appoint
Mr./Mrs./Ms. _____ who is my
_____ (Relationship) and whose Date of Birth is _____
and is residing at _____
_____ (address)
to be the Guardian / Appointee of the property of my minor daughter / son
_____ (Name of nominee) under the aforementioned Policy after my death, and I undertake to notify the Company in the event of the appointee, herein appointed predeceasing me or in the event of my revoking his / her appointment or making a fresh appointment.
I also undertake that in the absence of any such notification of revocation or making a fresh appointment, the company shall be authorized to presume this appointment as subsisting on the date of a claim and proceed accordingly.

Place: _____

Date : _____

Signature of Policy Holder

BAJAJ LIFE

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I accept the appointment herein made.

Name: _____

Signature of the Appointee

I certify that the above signature is that of _____ (Name of the Appointer) who affixed the same after understanding the contents.

Place: _____

Date: _____

Signature of the Witness

Declaration

Declaration In Case:

I) If this Application Form is filled by a person other than the Policy Holder or Assignor or Assignee or/and
ii) If Policy Holder or Assignor or Assignee has either put thumb impression Or signed in regional/local language.

I have explained the contents of this form to the Assignor in _____ language and I have correctly recorded the answers provided to me. I further, declare that the Assignor has signed/affixed his / her thumb impression in my presence.

Declarant _____ Address _____

_____

Contact No.(Mob) _____ Place _____ Date _____

Aadhaar Number _____ PAN _____

_____

Signature of Declarant

(Declarant should sign in English Language only)

Experience a Virtual Branch at the comfort of your home. Login to www.bajajlifeinsurance.com for accessing Bajaj Life Insurance App, our customer portal to address all your policy servicing needs.

Assuring you of our best services for all your life goal needs.

Bajaj Life Insurance Limited (Formerly known as Bajaj Allianz Life Insurance Company Limited)

Regd. Office Address: Bajaj Insurance House, Airport Road, Yerawada, Pune – 411006, IRDAI Reg.No.: 116 | CIN: U66010PN2001PLC015959 | Mail us: customercare@bajajlife.com | Call on: Customer Care Number: 020 6712 1212 | Visit: www.bajajlifeinsurance.com | The Logo of Bajaj Life Insurance Limited is provided on the basis of license given by Bajaj Finserv Ltd. to use its "Bajaj" Logo.