Policy Number:

BAJAJ LIFE
LIFE GOALS. DONE.

Change of Nominee

This is a system generated form and does not mean acknowledgement/receipt for the service request. Customers are requested to obtain an acknowledgement on the submission of this form.

INSTRUCTIONS:-

1. This form is to be filled by the policy holder himself/herself in BLOCK LETTERS in Blue Ink.
2. The form must be filled by the holder of a policy of life insurance on his own life.
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 favor of a minor, an appointee who is a major must be named in this form otherwise form would be deemed to be incomplete
5. The assignment shall automatically cancel any nomination made in the policy, except for assignment in favor of Bajaj Life Insurance Limited in which case the rights of nominee would get affected to the extent the Company's interest in the policy.
6. Witness and Declarant should be a different person and should be competent to contract.
7. Please note that separate Forms must be filled for multiple policies.

DOCUMENTS REQUIRED:-

1. KYC Documents of Life Assured, Policy Holder, Witness & Declarant.

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.: _____

Notice of Nomination (As per provision of Insurance Act 1938)

I, _____ (the Policy Holder), hereby nominate the person(s) stated herein below as my nominee(s) to be the person(s) who will receive the money secured by the above Policy in the event of my death.

Place : _____ Date : _____

Thumb Impression/
Signature of Life Assured/ Policy Holder

Form of Nomination (As per the provision of Insurance Act,1938)

I, _____ (the Policy Holder), hereby nominate the following person(s) as my nominee(s) to be the person(s) who will receive the money secured by the above Policy in the event of my death.

Name of Nominee	Nominee 1	Nominee 2	Nominee 3
Nominee Date of Birth	Nominee 1	Nominee 2	Nominee 3
Relationship with Insured	Nominee 1	Nominee 2	Nominee 3
If Nominee is Non-Relative, please specify reason for his	Nominee 1	Nominee 2	Nominee 3

*Note: Unless specified otherwise, Nominee1 shall receive the benefits to the exclusion of nominee 2 and 3 and in case nominee 1 has predeceased me, then nominee 2 shall receive the benefits to the exclusion of Nominee 3.

OR

Nominee1 shall receive .....%, Nominee 2.....% and Nominee 3.....% of the benefits assured under the policy.

LIFE GOALS. DONE.

Place : _____

Date : _____

Thumb Impression/
Signature of Life Assured/ Policy Holder

*In case Nominee is minor, give Appointee details.

Name of Appointee			
Appointee Date of Birth			
Relationship			

Place : _____

Date : _____

Thumb Impression/
Signature of Life Assured/ Policy Holder

Thumb Impression/
Signature of Life Assured/ Policy Holder

Witness details:

Name: _____

Address: _____

Place : _____ Date : _____

Signature of Witness

Declaration

i) This Application Form is filled by a person other than the Life Assured
Or/And
ii) Life Assured has either put thumb impression or signed in regional language
Declaration by Life Assured:
I hereby declare that the content and purport of this form have been fully explained to me by _____ (Name of person filling the form) in the language understood by me and I declare that whatever has been stated herein above has been recorded by _____ (Name of person filling the form) as per the information provided by me.

Place : _____ Date : _____

Thumb Impression/Signature
of the Life Assured

Declaration by person filling/scribing the form:
I have explained the contents of this form to the Life Assured in _____ language and I have correctly recorded the answers provided to me.
I, further declare that the Life Assured has signed/affixed his/her thumb impression in my presence.

Name: _____

Address: _____

Date : _____

Contact No.: _____

Declarant's Signature

(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.