Your updated Fund Value and Allocation details are just an SMS away.
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Birla Sun Life Insurance

NOMINATION FORM

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

*** Policy No./Application No.:** | | | | | | | | | | *** Date** d d m m y y y y

Name of the Policy Holder
Title First Name Middle Name Surname

Current Address

Pin Code

Telephone (O) No. STD code

Mobile No.

Telephone (R) No. STD code

Email

Endorsement:

1. The form must be filled by the policyholder.
2. As per Insurance Act 1938 the nomination cannot be effected if the Policy Owner and 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 nominations.
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	New nominee is a *PEP#(Politically Exposed Person)
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

PEP : "Individuals who are or have been entrusted with prominent public functions, for example Heads of State or government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations and important political party officials. Business relationships with family members or close associates of PEPs involving reputation risk is similar to those with PEPs themselves"

Appointee details (To be filled if nominee is minor)

Name of Appointee Date: d d m m y y y y Age

Address

Relationship with Policy Owner

_____
Signature of Appointee

_____
*** Signature of Life Insured/Policy Owner**

Witness Name

***Date:** d d m m y y y y Place:

_____
Witness's Signature and Date

Fields marked with * are compulsory.

To update your contact details please complete the Policy Service Request Form

Birla Sun Life Insurance Company Limited
Regn. No.: 109, Regd Office: One Indiabulls Centre, Tower 1, 15th and 16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road Mumbai - 400013.
Contact us: 1-800-270-7000 (Toll Free). www.birlasunlife.com Insurance is subject matter of the solicitation.
Please collect stamped, duly filled and signed acknowledgement slip, which you can refer to for all your communication in regard to this request.

Acknowledgement slip

Received a request for ☐ Nomination On___/___/___ at_____am/pm.

BSLI Staff's Name & Sign:_____

Inward Reg. Sr. No.:_____ Stamp/Seal of the branch

***Policy No./Application No.:**

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www.birlasunlife.com Insurance is subject matter of the solicitation.
Note: Please produce this acknowledgement slip for any communication with regard to this request in future.

Birla Sun Life Insurance

PRP No. FOR/1/10-11/4428