

# NOMINATION FORM

**GUIDELINES:**

- Please fill this form clearly in CAPITAL Letters.
- This form needs to be submitted in accordance with the terms and conditions (Page 2) mentioned therein.

Barcode

**Policy Number**

**Name of Policy Holder:**

Salutation  First Name  Surname

**Contact Numbers**

STD  Residence  STD  Office  Ext.  Mobile

**E-mail ID:**

**NOTICE OF NOMINATION**

To,  
ICICI Prudential Life Insurance Company Ltd.,  
Unit No. 1A & 2A, Raheja Tipco Plaza,  
Rani Sati Marg, Malad (E), Mumbai 400097

Dear Sir / Madam,  
Please make the following change:

Appointment of Fresh Nominee(s)/Change of Existing Nominee(s) as given below

Name of Nominee	Date of Birth	Mobile No. & E-mail ID	Communication Address	Relationship with Life Assured	Share %

\*In case the nominee is a minor, please fill Appointee Details Share % should total to **100 %**

All the moneys secured by the above mentioned policy shall be paid to the above nominee/s in the event of my death

Executed at \_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
**Signature of the Policy Holder**

**APPOINTEE(S) DETAILS: MANDATORY, IF NOMINEE(S) IS A MINOR**

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

Name of Appointee	Date of Birth	Mobile No. & E-mail ID	Communication Address	Relationship with Nominee	Name of Nominee

Executed at \_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. In consent of the above appointment I sign here under.

\_\_\_\_\_  
**Name & Signature of Appointee    Name & Signature of Appointee    Name & Signature of Appointee**

\_\_\_\_\_  
**Signature of the Policy Holder**

**DECLARATION FOR THUMB IMPRESSION / SIGNING IN VERNACULAR LANGUAGE**

**Declaration by Witness**

This is to certify that I have read out and explained the contents of the nomination form to \_\_\_\_\_ (Policyholder).  
Post which the policyholder has affixed his / her thumb impression or has signed in vernacular language in my presence.  
I further declare that the details recorded in the nomination form, have been provided to me by the policyholder only after understanding the nature of questions.

**Name of Witness:** \_\_\_\_\_  
Salutation First Name Surname

**Address:** \_\_\_\_\_

**Relationship with policy holder:** \_\_\_\_\_ **Contact Numbers** \_\_\_\_\_  
STD Residence Mobile

**Date:** \_\_\_\_\_

**Place:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Witness**

**Declaration by Proposer**

In the consideration of the above declaration by witness, I / we confirm that the contents of the nomination form have been read out and explained to me / us and I / we have understood the same.  
I further confirm that the details / preferences required in the nomination form, have been recorded accurately by the witness and are in accordance with the instructions given by me.

**Date:** \_\_\_\_\_

**Place:** \_\_\_\_\_

\_\_\_\_\_  
**Policyholder's Signature/Thumb Impression**

**TERMS AND CONDITIONS – NOMINATION**

1. The Company shall recognize the nominee(s) mentioned in this form for payment of the benefits as per the applicable terms and conditions of the policy.
2. Any payment made to the said nominee(s) as per the policy terms and conditions shall give the Company a valid discharge and the said policy shall terminate and all rights, benefits and interests under the policy will stand extinguished.
3. For the mentioned policy number, all the existing nominations shall be automatically cancelled on execution of this form.
4. Any change in nomination shall only be effective when specifically intimated to the Company and the nomination being updated in our records. In case, the Company is not intimated of the change in nomination, it shall make the payment of the benefits to the nominee registered in its records and shall not be liable for the same in any matter whatsoever.
5. On absolute or conditional assignment of a policy, the existing nomination shall automatically stand cancelled.
6. On conditional assignment of a policy, the existing nomination cancelled shall be automatically revoked on satisfaction of condition or revocation of assignment.
7. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.
8. If the nominee is a minor, an appointee must be appointed to whom the moneys secured by the policy shall be paid in the event of the assured's death during the minority of the nominee.
9. Please Note:
  - a. On maturity of policy during the lifetime of the policyholder but after the death of nominee/nominees, the Company shall pay the proceeds to the policyholder/his heirs/legal representatives/holder of succession certificate, as applicable
  - b. If policyholder nominates his parents/spouse/children/spouse and children, the Company shall pay the proceeds to such nominee(s). These nominees shall be beneficially entitled to the amounts payable by the insurer unless proved that policyholder, in regard to the nature of his title to the policy, could not have conferred such beneficial title on the nominee(s).
  - c. If nominee(s) die after the policyholder but before maturity of policy, the Company shall pay the proceeds to either
    - i.Heirs
    - ii.Legal representatives
    - iii.Holder of succession certificate, as applicable.
10. Above mentioned provisions shall not apply to any policy to which Section 6 of the Married Women's Property Act (MWPA), 1874, applies or at any time has applied except where before or after Insurance Laws (Ordinance) 2014, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWPA, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.
11. Nomination will be governed by Section 39 of the Insurance Act, 1938 and amendments thereto from time to time.

**FOR OFFICE USE ONLY:**

ER Request submitted by  C  S  CR  CS

**Spaarc Call ID** \_\_\_\_\_ **Date**

D	D	M	M	Y	Y	Y	Y
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**Scanning Cabinet** \_\_\_\_\_ **Received By** \_\_\_\_\_

**Remarks** \_\_\_\_\_

STAMP  
&  
TIME

**ACKNOWLEDGEMENT SLIP**

This is to acknowledge the receipt of application for:

Appointment Of Fresh Nominee/Change of Existing Nominee/s  Notice Of Nomination

**Policy Number** \_\_\_\_\_ **Date**

D	D	M	M	Y	Y	Y	Y
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**Received By** \_\_\_\_\_

Your request will be processed within 6 working days from the date we receive this form.

STAMP  
&  
TIME