

## NOTICE FOR CHANGE OF NOMINATION

I hereby give you notice that I have now nominated \_\_\_\_\_  
residing at \_\_\_\_\_ as the person to whom  
the money accrued on the above policy shall be paid in the event of my death in lieu  
of \_\_\_\_\_ named in the text of the Policy No. \_\_\_\_\_  
endorsement dated \_\_\_\_\_ on the Policy No. \_\_\_\_\_

I request the fund to register the change in nomination and furnish a  
written acknowledgement in accordance with Section 30 of the Insurance Act.

Date : Signature of the Life Assured

Place :

### SPECIMEN FORM FOR CHANGE OF NOMINATION

(To be typed on the backside of the original policy document)

I (Full Name) \_\_\_\_\_ as assured under the  
within written Policy hereby nominate in terms of Section 39 of the Insurance Act  
Mr/Mrs. (Full Name) \_\_\_\_\_  
my relationship \_\_\_\_\_ aged \_\_\_\_\_ residing at  
\_\_\_\_\_ to be the person to whom the money  
accrued by the within policy shall be paid in the event of my death in lieu of (Full  
Name) \_\_\_\_\_ named in the text of on the  
endorsement of the Policy No. \_\_\_\_\_ dated  
\_\_\_\_\_.

Dated at (Place) \_\_\_\_\_ the day of \_\_\_\_\_ Month  
\_\_\_\_\_ 20\_\_

Witness: Signature  
Name & Address

Signature of  
Insurant

Signature of  
New Nominee

Signature of the Guardian  
(In case the nominee is a minor)

(Name/Age/Relationship/Address)