

# Life Insurance

Aditya Birla Sun Life Insurance Company Ltd.



ADITYA BIRLA  
CAPITAL

PROTECTING INVESTING FINANCING ADVISING

## Nomination Form

All the information is to be filled in BLOCK LETTERS.

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.

### Endorsement:

1. The form must be filled by the Policy Owner.
2. As per Insurance Act 1938 as amended from time to time 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.
6. Photos ID proof with DOB of Policy Owner & nominee required. In case nominee is minor photo ID proof of appointee is required.

Policy Number:  e-Insurance Account Number (If Yes):  Date:

Name of the Policy Owner:

Current Address (Mandatory):

City:  State:  Pincode:

Mobile No. (Mandatory):  Tel. No. (R/O):  Email:

Kindly note, this email id will be used for registration of 'Go Green' and will lead to discontinuance of physical statements.

1. Are you holding citizenship of any other country? Yes ☐ No ☐ If yes, please provide country name/s:

2. Are you a tax resident of any other country? Yes ☐ No ☐ If yes, please provide unique Tax Identification Number/s:

**Note:** If the response to any of the above questions is yes, please submit a detailed NRI questionnaire available with our branch office.

*Name of Nominee	DOB of Nominee	*Relationship of Nominee with Insured	Nomination Share %	*Communication Address of Nominee	New nominee is a PEP (Politically Exposed Person)
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Mobile No.:  Email ID:

**Disclaimer:** If the % mentioned does not add up to 100, the request will be rejected. (\*) Mandatory

### Help us know you better! For which financial goal did you choose your life insurance Policy?

#### For Your Family & You

- ☐ Childs Education
- ☐ Childs Marriage
- ☐ Family Protection & Risk
- ☐ Protection against Health
- ☐ Cover Outstanding Loans

#### For Efficient Financial Planning

- ☐ Saving
- ☐ Wealth Creation
- ☐ Tax planning
- ☐ Business Continuity

#### For Your Aspirations

- ☐ Wealth Creation
- ☐ Retirement Planning
- ☐ Legacy Planning

### APPOINTEE DETAILS (To be filled if nominee is minor)

Name of Appointee:  Date of Birth:

Address:

City:  State:  Pincode:

Mobile No.:  Email ID:  Relationship with Nominee:

I hereby accept my appointment as an appointee to receive the proceeds under the policy on behalf of nominee who is minor.

Signature of Appointee

I \_\_\_\_\_ as the life insured and Policy Owner under the above policy nominate above person(s), to whom the money secured by the policy shall be paid in the event of my death.

Signature of Life Insured / Policy Owner

Place:

Date:

Witness Name:

Witness Signature:

Place:

Witness Contact No:

Please collect stamped, signed and filled up acknowledgment slip, which you can refer to for all your communications in regard to this request.

## Policy Owner's Bank Account Details (All fields are mandatory)

Bank Details: **MANDATORY** as per **IRDAI** Guidelines, please provide bank details for direct transfer into your account

PAN:

PAN should be furnished when your annual contribution\* is Rs. 50,000 or more in a financial year

\*Annual contribution would mean total Annual premium across all policies held by you customer + sum of all Top ups made in a financial year + any other payments made by you customer in the financial year

Bank Name:

Bank Address:

Bank Account Holder's Name:

Bank Account Number:  11 Digit IFSC Code:

(You can get this code from your bank)

**Note:** Aditya Birla Sun Life Insurance Company Limited (ABSLI) will not be responsible in case of non credit to your account or if transaction is delayed or not effected at all for reasons of incomplete/incorrect information provided or rejected by your bank. In case of requisite information for direct credit is not received or transaction rejected by bank the payout will be made vide cheque.

### Mandatory Requirements

- Please submit Original Cancelled Cheque with pre printed name & account number
- Please submit pass book copy / Bank Statement bearing pre printed name, residence address & account number; incase cancelled cheque does not have printed name & account number, carry original for verification at branch
- In case the cancelled cheque carries pre-printed name and account number, but has "New Account" printed on it, kindly submit an attested copy of the passbook/bank statement bearing preprinted or handwritten name and account number. Please carry original passbook/bank statement to the branch for verification purposes
- Self attested valid ID proof, carry originals for verification at branch
- All documents need to be self attested by the Policy Owner & attested by Aditya Birla Sun Life Insurance Company Limited (ABSLI) Authorized branch personnel.

**Note:** • Direct Transfers are not applicable for NRE accounts. • In case of changes made in existing bank account details, there will be a waiting period of 30 days from the date of registration of these changes before processing of any payout request.

### Valid Photo ID Proofs

- Passport
- Pan Card
- Voter's Identity Card
- Driving License
- PIO card with photograph
- Bankers Certificate with photograph
- Employer's Certificate with photograph
- Valid Debit / Credit Card with photograph
- Employees ID Card with photograph
- ESIC card with photograph
- Armed Force ID cards with photograph
- Post office savings A/c, PPF Account with photograph
- Bar Council ID for Lawyers with photograph
- Letter from a recognized public Authority or public servant on individual /department letter head with stamp/seal verifying the identity of the customer.

### Valid Address Proofs

- Telephone Bill / Mobile Bills (Not older than 6 months)
- Electricity Bill (Not older than 6 months)
- Bank Statement / Employer's Letter (Not older than 6 months)
- Passport Copy
- Letter from a recognized public Authority or public servant on individual / department letter head with stamp/seal verifying the residence of the customer
- Ration card
- Lease agreement + rent receipt (not older than 3 months from the date of acceptance)

### Vernacular Declaration

I \_\_\_\_\_, (name of the scribe) residing at \_\_\_\_\_ hereby confirm that the contents of the form was explained to Mr/Mrs/Ms. (Policy Owner) \_\_\_\_\_. After fully understanding the contents and information thoroughly, the above said proposer had signed in my presence on.

Name of Scribe \_\_\_\_\_ Signature of Scribe \_\_\_\_\_

Policy Number:

Received by: \_\_\_\_\_

Employee Code: \_\_\_\_\_

### Acknowledgement slip

Reference Number: \_\_\_\_\_

Type of Request: ☐ Nomination

Date:

Time of Receipt:  AM/PM

Signature: \_\_\_\_\_

Stamp/Seal of the branch

Aditya Birla Sun Life Insurance Company Limited  
(Formerly known as Birla Sun Life Insurance Company Limited)  
Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1,  
16<sup>th</sup> Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg,  
Elphinstone Road, Mumbai - 400013  
+91 22 6723 9100 | CIN: U99999MH2000PLC128110  
www.adityabirlasunlifeinsurance.com

**Life Insurance**

Aditya Birla Sun Life Insurance Company Ltd.



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1800-270-7000