

Nomination Form

Policy No.

Form for effecting/changing nomination by holder of the policy on his/her own life

Customer Contact No.

I, F I R S T M I D D L E L A S T (Policy Owner)
hereby nominate Mr./Mrs./Ms. F I R S T M I D D L E L A S T Aged years,

Gender Male Female

who is my (relationship)

Correspondence Address/ Usual place of residence F I R S T L A S T F L A T N O.
 B U I L D I N G R O A D N A M E / N O.
 L A N D M A R K 1
 D I S T R I C T / T A L U K A L A N D M A R K 2
 C I T Y / V I L L A G E S T A T E Pin Code

PREFIX L A N D L I N E M O B I L E EMAIL ADDRESS

as the person(s) who is/are authorised to receive the money in the above mentioned policy, in the event of my death, in lieu of the earlier mentioned nominee,

Mr./Mrs./Ms. F I R S T M I D D L E L A S T

Signature of the Policyholder

Date D D M M Y Y Y Y

In case of the Nominee being a Minor

I hereby appoint Mr./Mrs./Ms. F I R S T M I D D L E L A S T (Appointee),
Aged years Gender Male Female who is the nominee's (relationship)

Correspondence Address/ Usual place of residence F I R S T L A S T F L A T N O.
 B U I L D I N G R O A D N A M E / N O.
 L A N D M A R K 1
 D I S T R I C T / T A L U K A L A N D M A R K 2
 C I T Y / V I L L A G E S T A T E Pin Code

PREFIX L A N D L I N E M O B I L E EMAIL ADDRESS

as the appointee for the nomination of a minor.

Signature of the Policyholder

Date D D M M Y Y Y Y

I, F I R S T L A S T do hereby give my consent to my appointment as appointee under the contract.

Signature of the Appointee

Date D D M M Y Y Y Y

Name of the Witness F I R S T M I D D L E L A S T

Signature of the Witness

Address of the Witness F I R S T L A S T F L A T N O.
 B U I L D I N G R O A D N A M E / N O.
 L A N D M A R K 1
 D I S T R I C T / T A L U K A L A N D M A R K 2
 C I T Y / V I L L A G E S T A T E Pin code

Witness details are mandatory for all nomination requests

If signature is in vernacular, please complete the following declaration

I hereby declare that I have fully explained/translated the contents mentioned in the Nomination form to _____ and I further declare that he/she/they fully understood the meaning thereof.

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Signature of the Declarant _____

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

(Declarant should not be an employee/advisor of Reliance Nippon Life Insurance)

Name & Address of Declarant	F	I	R	S	T	M	I	D	D	L	E	L	A	S	T	F	L	A	T	N	O.			
B	U	I	L	D	I	N	G	R	O	A	D	N	A	M	E	/	N	O.						
								L	A	N	D	M	A	R	K	1								
D	I	S	T	R	I	C	T	/	T	A	L	U	K	A	L	A	N	D	M	A	R	K		
								2																
C	I	T	Y	/	V	I	L	L	A	G	E	S	T	A	T	E	Pin Code							
P	R	E	F	I	X	L	A	N	D	L	I	N	E	M	O	B	I	L	E	EMAIL ADDRESS				

I hereby confirm that I have been explained the contents in _____ (language) and have understood the same.

Signature of the Policyholder _____

Date

D	D	M	M	Y	Y	Y	Y
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Residential status: Indian Non Resident Indian (NRI) Country, if NRI _____

Residence for tax purposes in Jurisdiction(s) outside India Yes No

(If Yes, then mandatory to fill the FATCA/CRS declaration)

Please fill below details in case of more than one nominee for changing nomination by holder of the policy on his/her own life

Name of Nominee	Relation with Policy Owner	DOB of Nominee	Name of appointee if Nominee is minor	DOB of Appointee	Appointee's Relation with Nominee	%age Nomination

The total sum of nomination percentage has to be 100%. KYC for nominee and appointee is mandatory. Address mentioned on the KYC will be considered as correspondence address for new nominee & appointee. as the person(s) who is/are authorised to receive the money in the above mentioned policy, in the event of my death, in lieu of the earlier mentioned nominee,

F	I	R	S	T	M	I	D	D	L	E	L	A	S	T
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Signature of the Policyholder _____

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Reliance Nippon Life Insurance Company Limited. IRDAI Registration No. 121. Registered & Corporate Office: Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai - 400051. India. T +91 22 6896 5000. For more information or any grievance, 1. Call us between 8 am to 8 pm, Monday to Saturday (except public holidays) on our Toll-Free Number - 1800 102 1010 or 2. Visit us at www.reliance nipponlife.com 3. Email us at: rnlife.customerservice@relianceada.com. 4. Chat with us on our WhatsApp number (+91) 7208852700. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited & Nippon Life Insurance Company and used by Reliance Nippon Life Insurance Company Limited under license.

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Notice of Nomination

Policy No.
Date

To
The Manager,
Customer Care,
Reliance Nippon Life Insurance Co Ltd.

Dear Sir,

I hereby give you notice that I have nominated Mr./Mrs./Ms.

Correspondence Address/ Usual place of residence
 BUILDING ROAD NAME / NO.
 LANDMARK 1
 DISTRICT / TALUKA LANDMARK 2
 CITY / VILLAGE STATE Pin Code
PREFIX LANDLINE MOBILE EMAIL ADDRESS

as the nominee for my above mentioned policy.
Kindly acknowledge the receipt and send the document after registering the nomination in your records.

Signature of the Policyholder Date

I hereby appoint Mr./Mrs./Ms (Appointee),
Aged years, who is the nominee's (relationship)
Correspondence Address/ Usual place of residence
 BUILDING ROAD NAME / NO.
 LANDMARK 1
 DISTRICT / TALUKA LANDMARK 2
 CITY / VILLAGE STATE Pin Code
PREFIX LANDLINE MOBILE EMAIL ADDRESS

as the appointee for the nomination of a minor.

Signature of the Policyholder Date

I, do hereby give my consent to my appointment as appointee under the contract.

Correspondence Address/ Usual place of residence																				F L A T		N O.	
B U I L D I N G										R O A D										N A M E		/ N O.	
										L A N D M A R K										1			
D I S T R I C T / T A L U K A										L A N D M A R K										2			
C I T Y / V I L L A G E										S T A T E										Pin Code			
PREFIX					L A N D L I N E					M O B I L E					EMAIL ADDRESS								

Signature of the Policyholder

Date

Kindly note that you can check the status of your Service request any time at <https://customer.reliancenipponlife.com/customer/> or call our toll free number 1800-102-1010 between 8 AM to 8 PM Monday to Saturday

Reliance Nippon Life Insurance Company Limited. IRDAI Registration No. 121. Registered & Corporate Office: Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai - 400051. India. T +91 22 6896 5000. For more information or any grievance, 1. Call us between 8 AM to 8 PM, Monday to Saturday (except public holidays) on our Toll-Free Number - 1800 102 1010 or 2. Visit us at www.reliancenipponlife.com 3. Email us at: rnlife.customerservice@relianceada.com 4. Chat with us on our WhatsApp number (+91) 7208852700. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited & Nippon Life Insurance Company and used by Reliance Nippon Life Insurance Company Limited under license.

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Customer Acknowledgment

We acknowledge the receipt of the Nomination Form for your Reliance Nippon Life Insurance Policy No.

on:

Your Service Request Number is

Signature

Branch Stamp

Name of the CCE:

Kindly note that you can check the status of your Service request any time at <https://customer.reliancenipponlife.com/customer/> or call our toll free number 1800-102-1010 between 8 AM to 8 PM, Monday to Saturday.