

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.

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 Life Insurance Limited,
Unit No. 901A, Prism Towers, Mindspace,
Link Road, Goregaon (West), Mumbai- 400104.

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 %
Share % should total to					100 %

*In case the nominee is a minor, please fill Appointee Details

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

For any queries, please call Customer Service Number on 1860 266 1999
Call Center Timing 10.00 A.M. to 7.00 P.M. Monday to Saturday (except National holidays). Local charges apply.

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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:

[illegible]

Address: _____

[illegible]

STD

Residence

Mobile

Date: _____

Place: _____

Declaration by Annuitant

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: _____

TERMS AND CONDITIONS – NOMINATION

1. Either a fresh nomination or the existing nomination can be changed to a new nominee by the Annuitant at any time during the term of the policy by an endorsement on the back of the policy.
2. The registration of fresh / change or cancellation of nomination is subject to the receipt of notice and the form by ICICI Life.
3. Immediately after executing the cancellation of nomination, the policy form and notice must be sent for registration to our Corporate Address.
4. If the Annuitant is not conversant with English or is illiterate, the form should be witnessed and the witness needs to certify before such witnessing that the contents of the nomination form were explained by him to the named Annuitant in vernacular and that the Annuitant has affixed his signature/thumb impression in his (witness's) presence after thoroughly understanding the same.
5. If the nominee is a minor, an appointee must be appointed to whom the money secured by the policy shall be paid in the event of the assured's death during the minority of the nominee.
6. If share % is not mentioned, benefits will be distributed in equal proportion.

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☐ ER Request submitted by ☐ C ☐ S ☐ CR ☐ CS

Spaarc Call ID_____

Date

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

Received By

STAMP & TIME

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