

LIFE INSURANCE CORPORATION OF INDIA
.....DIVISIONAL OFFICE, BRANCH CODE.....

FORM OF SUCCESSIVE NOMINATION UNDER ALL TYPE OF PLANS EXCEPT UNDER JOINT LIFE

I ,.....(name of assured) , life assured under the within policy hereby nominate my
(mention relationship) named.....aged.....years and whose address is

.....(address of 1st nominee) as the person to whom all the benefits under the policy shall be paid
 in the event of my death. And in the event of death of(name of 1st nominee) before my death or
 after my death without receiving any of or all the claim instalments and other benefits, I hereby nominate
 my(mention relationship) named(name of second successive nominee)
 aged.....years and whose address is

As the person to whom all or the balance of the claim instalments and other benefits shall be paid.
 And in the event of death of the survivor(name of 1st Nominee) and(name of 2nd
 Nominee) before my death or after my death without receiving any of or all the claim instalments or the
 balance of claim instalments and other benefits as the case may be , I hereby nominate my.....
 (mention relationship) named (name of 3rd Successive nominee) aged years and
 whose address is as the person to whom all or the balance of claim instalments and
 other benefits shall be paid.

This nomination is in lieu of earlier nomination dt.....effected under the policy. (*)

The nominations herein above are made under section 39 of the insurance Act, 1938.

Signature of witness
 Full name:-
 Designation:-
 Address:-

Signature of life assured

* to be used if this form is being used for change of nomination.

INSTRUCTIONS TO FILL THE FORMS:-

- A nomination can be made only by the holder of a policy on his own life i.e only by life assured.
- After filling up the above form of nomination, the assured should copy it out on the back of the policy or he can paste the form on the policy document. If the form is pasted on policy document, then life assured should sign the form at two ends where the form is pasted on policy document. Also he should submit one additional copy of the form of nomination duly filled in all respect to the servicing branch office.
- The assured must affix his/her signature in the presence of a witness. If the Assured is not conversant with English, he/she should sign the form before an English knowing witness. Alternatively, the nomination form in regional language can be used. If he/she is illiterate , he/she must affix his/her thumb impression to the nomination form before a magistrate, a special executive Magistrate, a gazetted officer, class I officer of corporation, Development Officer of at least 3 years standing , club member agent of DM club member and above.
- After executing nomination, Policy document should be submitted to servicing branch office.
- If the nominee is a minor, it is advisable to appoint an Appointee during the minority of the nominee in the manner prescribed by the Insurance Act.