



(Established by the Life Insurance Corporation Act, 1956)

KOLKATA METROPOLITAN DIVISIONAL OFFICE- I
FORM OF CHANGE OF NOMINATION

I.....hereby nominate my
 @.....aged.....Years.....
 and whose address is

to be the person to whom the moneys secured by the within Policy shall be paid in the event of my death in lieu of.....named in the text of the within Policy /★
 endorsement on the within Policy dated at the day of 20.....
 Dated attheday of..... 20.....
 Witness :

 (Signature of Witness in English)

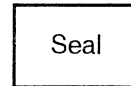
Full Name
 Designation.....
 Address.....

 (Signature of Life Assured)

"Certified that the contents of the Change of Nomination were explained by me to the Assured.....in Vernacular and that he affixed his signature/thumb impression thereto in my presence, after throughly understanding the same"

 (Signature of Witness)

@ Here Mention relationship and full name of the nominee you wish to appoint now
 ★ Strike out the words not applicable.



FORM OF NOTICE OF CHANGE OF NOMINATION

Address

Dear Sir,

Re : Policy No. Date.....20.....

I hereby Give you notice that I have now nominated as the person to whom the moneys secured by the above Policy shall be paid in the event of my death, vide endorsement, on the enclosed Ploicy / * enclosed Will, in lieu ofNamed in the text of the above Policy / * endorsement datedon the above Policy.

Yours Faithfully

Encl : As above

 (Signature of Life Assured)

★ Strike out the words not applicable