



FORM OF NOMINATION

Policy No.....

I..... the assured under the
 within Policy hereby nominate under Section 39 of the Insurance Act, 1938, my
 (relationship)
 named
 aged.....years and whose address is

 as the person to whom the moneys secured under the Policy shall be paid in the event of my death.

Signed at this day of 20

.....
 Signature of Life Assured

Address.....

.....

Witness :

(Signature in English).....

Full Name

Designation

Address

.....

[Please turn over for Instructions]



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