FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

NOMINATION FORM

Note:

1. The form must be filled and duly signed by the policyholder.
2. All previous nominations shall be automatically cancelled on execution of this form and the nomination last received by the company shall prevail over all previous nominations.
3. If the nomination is in favor of a minor, an appointee who is a major must be named in this form.
4. Any subsequent assignment of this policy will automatically cancel the existing nomination under the policy.
5. The Company expresses no opinion as to the validity of the nomination.

Policy Number _____ Date D D M M Y Y Y Y

Name of Policyholder (Proposer) _____
Salutation First Name Surname

Contact No. _____ STD _____ Residence _____ ISD _____ Mobile

_____ STD _____ Office _____ Extn.

E-mail ID (Personal) _____

(Official) _____

Current address _____

_____ Pincode _____

All fields are mandatory. (Atleast one contact no. is mandatory for processing your request. The contact details mentioned above will be updated for all future communication)

eIA No. _____

NOMINEE DETAILS

I, as the policy owner under the above policy nominate following person(s), to whom the money secured by the policy shall be paid in event of my death.

Name of Nominee	Date of Birth	Relationship with Policyholder	%	Communication address

Appointee Details

I hereby appoint the following person as the Appointee to be the person to receive the policy money in the event of my death during the minority of the nominee.

Name of Appointee	Date of Birth	Relationship with Nominee	Communication address

I hereby declare that I agree and understand to all the information given above and in the policy document.

Signature / Thumb Impression of Policyholder _____

ACKNOWLEDGEMENT

This is to acknowledge the receipt of application for nomination.

Policy No _____

CLS ID _____

Date D D M M Y Y Y Y

FG Stamp