

**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 1<sup>st</sup> 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 1<sup>st</sup> Nominee) and .....(name of 2<sup>nd</sup> 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 3<sup>rd</sup> 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.



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**FORM OF SUCCESSIVE NOMINATION UNDER JOINT LIFE PLANS**

We ,.....and .....( name of assureds) ,lives 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 both of us either simultaneously or one after the other at any time before my death. And in the event of death of .....( name of 1<sup>st</sup> nominee) before our death or after our death without receiving any of or all the claim instalments and other benefits, we hereby nominate our .....( 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 1<sup>st</sup> Nominee) and .....(name of 2<sup>nd</sup> Nominee) before our death or after our death without receiving any of or all the claim instalments or the balance of claim instalments and other benefits as the case may be , we hereby nominate our.....(mention relationship) named ..... ( name of 3<sup>rd</sup> 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.

1)

2)

Signature of witness

Full name:-

Designation:-

Address:-

Signature of life assured/s

\* 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 both 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 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 with 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.

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**FORM OF NOTICE OF CHANGE OF SUCCESSIVE NOMINATION**

Date:-

Re: Policy number:-.....

I/ We hereby give you notice that I/ We have now nominated ...1) 2)  
3) ..... as the persons to whom the moneys secured by the above policy shall be paid in the event of  
my/ our death in lieu of .....named in the text of the above policy/ endorsement dt.....  
on the above policy as successive or alternative nominee.

Yours faithfully,

Signature of Life Assured/s  
Address



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**FORM OF APPOINTMENT OF APPOINTEE FOR MINOR NOMINEE UNDER SUCCESSIVE NOMINATION**

I/ We hereby appoint my/our .....( relationship) shri/ smt.....( name of appointee) who has completed the age of 18 years and whose address is ..... as the person to receive the monies secured by the within policy on behalf of the nominee ..... ( name of minor nominee) in the event of my/ our death during the minority of the said nominee.

Dated at ..... this .....day of .....20..

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

Signature of life assured/s

**CONSENT OF APPOINTEE**

I , the above named ..... ( name of appointee) do hereby endorse my consent to my appointment as aforesaid.

Dated at .....this .....day .....of 20.....

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

Signature of Appointee