

(Established by the Life Insurance Corporation Act, 1956)

## FORM OF NOMINATION (Form No. 3265) ( for Minor Nominee ) the Life Assured under the within Policy, hereby nominate, my (relationship) named \_\_\_\_\_ aged \_\_\_\_ years and whose address is : as the person to whom the moneys secured under this Policy shall be paid in the event of my death , and I hereby appoint \_\_\_\_\_ aged \_\_\_\_ years and whose address is as the person to receive the moneys secured by this policy in the event of my death during the minority of the nominee. Signed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ Witness: (Signature) (Signature of Life Assured) "Certified that the contents of the above Full Name: Appointment of Appointee have been Occupation: explained by me to the Life Assured ..... in Address: Vernacular and that he affixed his signature/ thumb impression thereto in my presence, after thoroughly understanding the same". ( Signature of Witness ) (Seal) I , the above named \_\_\_\_\_ (Appointee) do hereby endorse my consent to my appointment as aforesaid. 20\_\_\_\_ Dated at \_\_\_\_\_ , the \_\_\_\_ day of \_\_\_\_\_ Witness: Signature: Full Name: Occupation:

Address:

( See Instructions)

( Signature of the Appointee )