

LIFE INSURANCE CORPORATION OF INDIA
Form of Nomination (For Minor Nominee)

(FORM No.3266)

I _____ the Life Assured under the within Policy, hereby nominate
my(relationship) _____ named _____ age _____ 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 _____

_____ 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 _____ 200

Witness :

Signature _____

Full Name _____

Occupation _____

Address _____

(Signature of the Life Assured)

I, the above named _____ (Appointee) do hereby endorse my consent to my appointment aforesaid.

Witness :

Signature _____

Full Name _____

Occupation _____

Address _____

Signed at _____ this _____ day of _____ 200

(Signature of the Appointee)

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Witness :

Signature _____

Full Name _____

Occupation _____

Address _____

(Signature of the Life Assured)

I, the above named _____ (Appointee) do hereby endorse my consent to my appointment aforesaid.

Witness :

Signature _____

Full Name _____

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Address _____

Signed at _____ this _____ day of _____ 200

(Signature of the Appointee)