

Exide Life Insurance Nominee addendum form

I wish to make a nomination. [As per details given below]

Proposal Form number:

Nomination Details	Nominee 1	Nominee 2	Nominee 3
First Name*			
Surname*			
Father's Name			
Mother's Name			
Date of Birth*			
Appointee (minor nominee)			
Appointee's relationship with nominee			
Appointee Date of Birth			
Gender			
Marital Status			
Percentage of Benefit Share			
Nationality			
Communication Address			
City			
State			
Mobile			
Email			
Relationship with Life to be Assured*			
Occupation			
PAN			

* Marked is Mandatory field

Signature/ Thumb Impression of the Proposer

Date:

Place: