

FORM FOR NOMINATION / APPOINTEE ADDITION

- Please fill this form in BLOCK LETTERS using black or blue ink.
- This form must be filled by the holder of a policy of life insurance on his own life.
- If the nomination is in favour of a minor, Appointee details are mandatory:
- This form is to be filled by the proposer himself / herself.
- If the policyholder desires to appoint more than one nominee, all the nominees must be appointed in the same form.
- All previous nominations shall be automatically cancelled on the receipt of this form and the form last received by the company shall prevail for establishing a claim.
- The assignment of a Policy may affect the nomination in accordance with the provisions of Insurance Act, 1938, as amended from time to time
- This nomination form must be sent to the "Kotak Mahindra Life Insurance Company Ltd., Policy Servicing Department, 9th Floor, Intellion Square (Building No.4), Infinity Park, Off. W. E. Highway, General AK Vaidya Marg, Malad (E), Mumbai-400 097. India.
- This nomination shall not be effectual unless it is communicated, along with prescribed fee, to and registered by Kotak Mahindra Life Insurance Company Ltd
- Insurance is a contract of utmost good faith, which requires the Insurer, proposer and life to be insured to disclose all material facts. In case of any doubt as to whether a fact is material or not, the fact should be disclosed. As the statements in this proposal constitute warranties, complete and accurate information must be given.

Note: In order to abide by the Foreign Account Tax Compliance Act (FATCA), kindly submit an Insurance FATCA Declaration, separately, if the answer to any of these questions is a 'yes': (i) Are you a citizen of any other country apart from India (dual or multiple citizenship); (ii) Are you a resident (for tax purposes) of any other country other than India; (iii) Do you hold a green card of USA or any similar card for any other country?

I/We confirm that I/we shall report any future changes in my/our tax status to Kotak Life Insurance within 30 days of such change. I/We also confirm that until I/we provide a written intimation about any such changes, Kotak Life Insurance may presume that there is no change in my/our tax residency status and consider my/our earlier submitted declarations, if any, as valid. I understand that for any queries about my/our tax residency, I/we have to consult my/our own tax consultant.

GENERAL INFORMATION

Policy Number				Client ID			
Name of Life Insured	Mr./Ms./Mrs.		Surname	First Name	Middle Name		
CONTACT NUMBERS (with STD codes) Residence: _____ Office: _____ Mobile: _____ Email: _____							
Do your bit for a greener world by switching to e-communication. Kindly tick if you would like to receive your communication through electronic mode for all your policies.							

DECLARATION BY THE LIFE INSURED

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

PARTICULARS OF THE NOMINEE (S)

PARTICULARS	NOMINEE-1	NOMINEE-2
Client ID <small>(for existing Kotak Life Insurance policy holders)</small>		
Percentage Share	(%)	(%)
Title	Mr. Ms. Mrs. Dr.	Mr. Ms. Mrs. Dr.
FULL NAME	Surname First Name Middle Name	Surname First Name Middle Name
Date of Birth	D D M M Y Y Y Y	D D M M Y Y Y Y
Relationship to the Life Insured		
Gender	Male Female	Male Female
ADDRESS	Office Permanent Residence Current Residence	Office Permanent Residence Current Residence
	Flat/Building	Flat/Building
	Road/Sector	Road/Sector
	Area	Area
	Landmark	Landmark
	City	City
	State Pin	State Pin
Telephone Number <small>(with STD Codes)</small>	Residence Office Mobile	Residence Office Mobile
E-mail ID		

APPOINTEE DETAILS (Mandatory if Nominee is Minor)

PARTICULARS OF THE APPOINTEE (The person to whom the proceeds/benefits secured under the policy shall be paid if the nominee is a minor)

(Mr./Ms./Mrs.)	SURNAME	FIRST NAME	MIDDLE NAME
CLIENT ID (for existing Kotak Life Insurance policy holders)	Nationality	Indian	Others (Pls Specify)
DATE OF BIRTH	Gender	Male	Female
RELATIONSHIP TO NOMINEE	ADDRESS	Office Address	Permanent Residence address
Current Residence Address	Flat /Building	Road/Sector	Area
Landmark	City	Pin	Telephone Number (with STD Codes)
Residence	Mobile	E-mail ID	Office
Signature of appointee			

PAYMENT OPTIONS (Pay directly to my bank account mentioned here, please attach an Original cancelled cheque for any payment type)

Payment remittance type	Cheque	Direct credit
Name of the Policy holder as per Bank record	Bank Name & Address	Account No:
IFSC Code	Account Type	MICR Code
Savings	NRE*	Others (if any)

*Credit to NRE account can be given only if premiums are received from NRE account

DECLARATION BY THE POLICY HOLDER / ASSIGNEE

I hereby declare that I understand and agree to all the conditions and information given above

Place	Signature of policy holder/assignee
Date	

DECLARATION BY THE PERSON FILLING IN THE FORM (Applicable only where form is filled in by a scribe or signed in vernacular languages or where the form is filled in by a representative duly authorised by a person with disability)

I, _____ having known the policy holder for a period of _____ do declare that I have explained the nature of the questions contained in this form.

Place	Date
Address of Scribe	Signature of Scribe
Flat /Building	
Road /Sector	
Area	
Landmark	
City	
State	Pin

FOR OFFICE USE

Name of Branch Official	Date
Branch Code	Time
Signature of Branch Official	

Kotak Mahindra Life Insurance Company Ltd.

IRDAI Regn. No. 107, CIN: U66030MH2000PLC128503, Regd. Office: 8th Floor, Plot #C-12, G-Block, BKC, Bandra (E), Mumbai-400 051
 For any correspondence kindly contact us at: 9th Floor, Intellion Square (Building No.4), Infinity Park, Off. W. E. Highway, General AK Vaidya Marg, Malad (E), Mumbai-400 097. India. (+9122) 6994 8000 {D} 6725 6166 {F} 1800 209 8800 (toll free) www.kotaklife.com | Write to: kli.in/WECARE/WhatsApp: 9321003007
 Trade Logo displayed above belongs to Kotak Mahindra Bank Limited and is used by Kotak Mahindra Life Insurance Company Limited under license.

CC\PS\Nominee- Appn\006

ACKNOWLEDGEMENT

We acknowledge the receipt of your request for change/addition of nominee/appointee for policy number _____

Branch Name and Code	Date
Name of Branch Official	Time
Signature of Branch Official	

Kotak Mahindra Life Insurance Company Ltd.

U66030MH2000PLC128503, Regd. Office: 8th Floor, Plot #C-12, G-Block, BKC, Bandra (E), Mumbai-400 051
 For any correspondence kindly contact us at: 9th Floor, Intellion Square (Building No.4), Infinity Park, Off. W. E. Highway, General AK Vaidya Marg, Malad (E), Mumbai-400 097. India. (+9122) 6994 8000 {D} 6725 6166 {F} 1800 209 8800 (toll free) www.kotaklife.com | Write to: kli.in/WECARE/WhatsApp: 9321003007
 Trade Logo displayed above belongs to Kotak Mahindra Bank Limited and is used by Kotak Mahindra Life Insurance Company Limited under license.

CC\PS\Nominee- Appn\007