

## Secured Life

(CS Form-05)

## NOMINEE/BENEFICIARY CHANGE APPLICATION FORM

Policy No:							
sured Name: Capital Letter)							
eclaration: nereby request CHARTERED LIFE umber by any means acceptal or Nominee/Beneficiary Change	ole to the co		IY to effec	t the chang	e(s) und	er menti	oned policy
New Beneficiary Name (Capital Letter)	Natio	nality	Relation	Date of Birth	Age	Share (%)	Signature of Beneficiary
Nominee/ Beneficiary is minor:		Age		onship with N			ignature
cause of Changing Nominee (Ex	kplanation): _						
gnature of Insured / Policy Own	er		_	Mobile Nur	nber of II	nsured /	Policy Owne
Witnessed by : (UM/Above) Name				Signature			Code No
ease Submit the documents with plication Form (CS Form-05)  Original Document.  Supporting Papers (If needed)							
Head Office Use Only:							
				-			