

# LIFE INSURANCE CORPORATION OF INDIA

## Addendum for Successive Nomination

Proposal No:

Branch Office:

I .....(name of life proposed), life proposed under this proposal hereby nominate my ..... (relationship) named..... (name of 1<sup>st</sup> nominee) age.....years and whose address is.....

.....  
(address of 1st nominee) as the person to whom all the dues & payable benefits under this proposal, on resulting into policy, shall be paid in the event of my death during Term of the policy or in the event Term of the policy is over but before receiving any or all the claim instalments and other benefits under the policy.

And in the event of the death of..... (name of 1st nominee above) before my death or after my death but without receiving any of or all the claim instalments and other benefits under the policy, I hereby nominate my ..... (relationship) named ..... (name of 2nd successive nominee) age ..... years and whose address is.....  
.....as the person to whom all or the balance of the claim instalments and other benefits under the policy shall be paid.

And in the event of the death of ..... (name of 1st nominee above) and ..... (name of 2nd successive nominee above) before my death or after my death but without receiving any of or all the claim instalments and other benefits under the policy, I hereby nominate my..... (relationship) named ..... (name of 3rd successive nominee) age ..... years and whose address is.....  
.....as the person to whom all or the balance of the claim instalments and other benefits under the policy shall be paid.

That, till the time 1st nominee named above is alive, the 2nd successive nominee and 3rd successive nominee shall have no right to claim any amount under the policy and likewise in the event of death of 1st nominee, the 2nd successive nominee shall have right to claim all or any amount under the policy to the exclusion of 3rd successive nominee. Only in the event of death of 1st and 2nd successive nominees, the 3rd nominee shall have right to claim the amounts under the policy.

The nomination herein above are made under section 39 of the Insurance Act, 1938.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

\_\_\_\_\_  
Signature of Life Assured

Full Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Full Address: \_\_\_\_\_