



EFU Life Assurance LTD

Change of Nomination/Guardianship Form

I Mr / Ms _____ bearer of CNIC No: _____, Life Assured under Policy No: _____, issued by EFU Life Assurance LTD, hereby cancel the nomination made by me in favor of Mr / Ms _____ who is my _____ and designate the following person(s) as my new Nominee(s) under this Policy.

Name	Date of Birth / Age	Relationship to Life Assured	Percentage Share

Please Note:-

- In case the Nominee is a minor (i.e. under 18 years of age) please designate a guardian

Guardian Designated

Name	Date of Birth / Age	Relationship to Nominee(s)

Signature of Guardian

DECLARATION

I do hereby declare that the statements are true and complete to the best of my knowledge. I entitle the above mentioned Nominee(s) to receive the benefit under the above policy in the capacity described as above. The payment to the above Nominee(s) will discharge EFU Life Assurance LTD from all liabilities whatsoever under the above mentioned policy.

Dated this _____ day of _____ 20_____ at _____

Signature of the Life Assured: _____

Address: _____

Tel # Res: _____ Tel # Office: _____

Cell # : _____ Email: _____

Signature of Witness: _____

Name: _____

NIC # _____

Address: _____