

**PRADHAIN MANTRI JEEVAN JYOTI BIMA YOJANA (PMJJBY) & PRADHAIN
MANTRI SURAKSHA BIMA YOJANA (PMSBY)**

NOMINEE - MODIFICATION/UPDATION – REQUEST FORM

I, _____ (Name of Insured) an account holder of Bank of Baroda bearing Account Number _____ having enrolled for PMJJBY / PMSBY (Strike whatever is not applicable) through Bank of Baroda, hereby cancel the nomination made by me in favor of _____

(Name & Address of the existing Nominee) and hereby nominate the following person to whom in the event of my death the Insurance claim amount of PMJJBY / PMSBY policy be paid.

Name of the Nominee	
Relationship with Insured	
Date of Birth of Nominee* (DD-MM-YEAR)	
Address of the Nominee	
Mobile Number of Nominee (optional)	
Email ID of Nominee (optional)	

*As the nominee is a minor on this date, I appoint Shri/Smt./Kum (Name, address, age, Mobile number, Email ID) as Guardian to the nominee to collect Insurance Claim amount, in the event of my death during the minority of the nominee.

Name of the Insured: _____ **Place:** _____

Signature of Insured: _____ **Date:** _____

OFFICE PURPOSE ONLY

Confirmed that the applicant's details and signature have been verified from the records available with this Bank. KYC documents of the Insured obtained, in case it is not available with the Bank.

Name of Bank Official:

Signature of the Bank Officials:

Date:

(Rubber Stamp with bank branch name and code)