



## NOMINATION OF BENEFICIARIES

I, ..... of  
 ..... holder of  
 Policy No. .... Issued by CEYLINCO LIFE INSURANCE LIMITED hereby nominate the person/s mentioned in  
 the schedule appended below to receive the proceeds of this policy in the event of my death only.

Further, I reserve the right to change the nominee/s at a future date without any reference to or consent of the nominee/s  
 named herein. This nomination shall override any previous nomination/s on this policy.

### DETAILS OF BENEFICIARIES

Full Name and Address	Date of Birth	NIC No.	Relationship to the assured	Percentage of Sum Assured		
				On a Death	Critical Illness	Sipsetha Policy-annuity*

\*Sipsetha annuity will be applicable only for Sipsetha Policies.

Date at ..... on this ..... Day of ..... 2020.

.....  
 Signature of Life Assured

#### Witness

Signature : .....

Name : .....

Address : .....

NIC Number : .....

\*Note: Beneficiary / Assignee cannot sign as witness.