



Apollo Life... for a Better Life

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NOMINATION OF A BENEFICIARY

I _____ of _____
(Name in full) (Full Address)

being the policy holder of the Ordinary Life Assurance Policy number _____

Issued by Apollo Life Assurance Ltd, hereby nominate _____
(Name in full)

(_____) of _____ as the
(Relationship) (Full Address)

BENEFICIARY to receive the money secured thereby in the event of my death.

Dated at _____ this _____ day of _____ 20 _____

Signature of Policy Holder

Signature of Beneficiary

Mobile No: _____

WITNESS:

Full Name: _____

Address: _____

Occupation: _____

Signature: