

Form

Common Nomination Form for Group Insurance Policy (Term Plan)

I,, hereby nominate the person/persons mentioned below and confer on him/her/them the right to receive in the event of my death or any other event, to the extent specified below, amount on account of the following:

| Name, date of birth (DOB) and address of the nominee | Relation-ship with employee / | Share to be paid to each | If nominee is minor, name, DOB and address of person who may receive the amount on behalf of minor | Name, DOB, relationship and address of alternate nominee in case the nominee under Column (1) predeceases the employee | Share to be paid to each | Name, DOB and address of person who may receive the amount if alternate nominee in Col. (5) is a minor | Contingency on happening of which nomination shall become invalid |
|--|-------------------------------|--------------------------|--|--|--------------------------|--|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

These nominations supersede any nominations made by me earlier.

Place and date:

Signature of Government servant

Telephone No.

Note 2 : The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed. The nominee(s)/alternate nominee(s)' shares together should cover the whole amount.