

FORM OF NOMINATION



I, _____ son/daughter/wife of _____
 _____ working as _____
 in _____ hereby nominate the person/persons mentioned below,
 who is/are member/members of my family to receive the assured sum in the event of my death under group term life
 insurance obtained by _____ for the benefits of their employees.

S. No.	Name & address of nominee	Relationship	Amount to be paid to each nominee	Age	If the nominee is minor, name of person to whom payment is to be made on his/her behalf

Date: _____

Witness: _____

Name: _____

Address: _____

 Signature of Member