



NOMINATION FORM
CISCO SYSTEMS – GRATUITY , LIFE AND PERSONAL ACCIDENT INSURANCE

Name of Employee in full : _____ Emp ID : _____ Date of Birth(DD/MM/YYYY) : _____

Start Date with Cisco(DD/MM/YYYY) : _____ Gender : _____ Marital Status: _____

I hereby cancel the previous nomination made by me and nominate the person(s) named below to receive all the benefits accruing to me in respect of the Cisco's Policy on Life & Accident Insurance Policy and Gratuity in the event of my death/disability.

I am aware that this nomination cancels/ supersedes the nomination made by me previously in respect of the benefits under the aforesaid insurances policies / benefits.

| | Type of Insurance Policy / Benefits | | |
|------------------------------|-------------------------------------|-------------------------|-------------------------------|
| | Group Life | Group Personal Accident | Gratuity - Form 1 Rule 18 (a) |
| Nominee's Name (1) – % Share | | | |
| Relationship | | | |
| Age of the nominee (1) | | | |
| Address of Nominee (1) – | | | |

| | | | |
|--|--|--|--|
| Nominee's Name – (2) – / % Share | | | |
| Relationship - | | | |
| Age of the nominee (2) – | | | |
| Address of Nominee (2) | | | |
| Nominee's Name -3 / % Share(Optional) | | | |
| Relationship | | | |
| Age of the nominee (3) | | | |
| Address of Nominee (3) | | | |
| Guardian's Name if Nominee is a minor – | | | |
| Relationship of Guardian to employee – | | | |
| Age of the Guardian - | | | |
| Address of Guardian – | | | |

I acknowledge that I have made this nomination on my own free will and discretion, and the company shall not be liable in any manner in giving effect to the same.

Terms:

1. This beneficiary form will supersede any will, codicil, agreement or other testamentary or other disposition of the benefits of the applicable Plans/ Schemes by Employee
2. Employee will be responsible for updating this beneficiary form, if he / she intends any change of the beneficiaries of the applicable Plans/ Schemes.
3. Cisco shall be entitled to obtain any indemnity from the beneficiaries prior to transfer of the benefits of the applicable Plans/ Schemes.
4. Cisco's sole responsibility will be to transfer the benefits of the applicable Plans/ Schemes in accordance with this beneficiary form and will be discharged from any further/ other liability or responsibility in case of any eventuality with the employee.
5. In case a minor is nominated, the name and address of the guardian of the minor nominee should be provided. In such case, the payments under the policy will be made to the bank account of the minor nominee opened under the authority of the guardian.
6. On cancellation of the nomination, cancelled nomination shall stand rescinded and the company shall not be under any obligation to pay any amounts or extend any benefits of the policies in favour of the Nominee whose nomination has been cancelled.
7. Upon payment of the sum assured/benefits under the insurance policies (i) nomination in respect of said insurance policies stands cancelled and (ii) such payment shall be valid and complete discharge to the company and insurance company against legal heir(s).

Yours Faithfully,

Signature of Employee

Date :

Employee ID :