

To,

Date:

Human Resource

(Company Name)

Subject: Nominee nomination in case of death for Group Personal Accidental & Group Term Life Policy

Dear Sir / Madam,

I would hereby authorize the nominee to receive the Insurance benefits in case of my death towards the Group Personal Accident and Group Term Life Policy.

Nominee Name:

Nominee Date of Birth:

Relationship with Nominee:

Thanks,

Employee Name

Employee Signature

Employee Aadhar Number