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