# Employee

Received the duplicate copy of nomination in Form 'F' filed by me and duly certified by the employer.

Date: Signature of the Employee

**Note.—**Strike out the words/paragraphs not applicable.



Form A:

Nishchint Authorization Form

To HR Head

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Subject: Authorization for Nishchint

I understand that I have been covered under the Nishchint Plan provided as a Benefit Plan for ABG Employees. I have read and understood the plan and I am agreeable to the terms of coverage under the Nishchint including employee contribution.

I hereby authorize the company to deduct my contribution towards premium from my salary each year, towards this benefit plan.

Employee Name: {employeeName}

Poornata Id: {poornataId}

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Employee

## **BIRLA SUN LIFE INSURANCE - GROUP PROTECTION SOLUTIONS**

**Nomination Form for Nishchint - Group Term Plan for ABG**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 5 | 0 | 0 | 5 | 6 | 7 | 0 | 0 | 1 |

**Policy No.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as the life insured in the

above-mentioned policy hereby nominates my relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, aged \_\_\_\_\_\_\_\_\_

Years as the person to whom the moneys secured by the policy shall be paid in the event of my death.

NOTE

1. All previous nominations shall be automatically cancelled on execution of this form and the nomination last received by the company shall prevail for registering the same.
2. If the nomination is in favor of a minor, an appointee who is a major must be named in this form.
3. The company expresses no opinion as to the validity of the nomination.

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Life Insured |  | Witness Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Witness Signature |

(dd / mm / yyyy)

(**To be filled if the nominee is a minor)**

I hereby appoint Mr. /Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the appointee to receive the proceeds due under this policy in the event of my death, during

the minority of the nominee.

I Accept,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Life Insured Signature of Appointee**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to the Nominee**