|  |  |
| --- | --- |
| **Employee no.** |  |

**Nomination & Declaration Form**

**Employees Group Term Life Insurance**

I hereby nominate the person(s) / cancel the nomination made by me previously and nominate the person(s) mentioned below to receive the amount standing in the Employees' Group Term Life Insurance in the event of my death.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Nominee name** | **Nominee address** | **Nominee’s relationship with the member** | **Birth date** | **Total Share of accumulation in GTLI to be paid to each nominee** | **If the nominee is minor, name & relationship & address of the guardian who may receive the amount during minority of nominee** |
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I give below the particulars about my self

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Name |  | | |
| 1. Father’s / Husband’s name |  | | |
| 1. Date of birth |  | 1. Sex |  |
| 1. Marital status |  | 1. Religion |  |
| 1. Address |  | | |

Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_This \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(SIGNATURE OF EMPLOYEE)