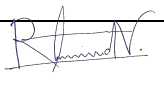


# BENEFICIARY NOMINATION FORM - INDIA

**\*To be completed by the Employee**

<b>1. Full Name of employee</b>					
<b>2. Employee id</b>					
<b>3. Nominations</b>					
<p>In the event of my death, I wish my benefits under • Insurance • Company Settlement Payment* to be apportioned between my nominated beneficiary (ies) as shown below. The following nomination supersedes and replaces all nominations made by me prior to the date of this nomination. I understand that (1) my nominated beneficiary (ies) will be required to indemnify the Company in relation to any claims, demands or proceedings filed or initiated against the Company by any third party in relation to payment of the benefits on my death to such nominated beneficiary (ies) and (2) the nominated beneficiary (ies) will be required to issue a suitable indemnity in the form that the Company may require prior to any benefits being paid to such nominated beneficiary (ies) in the event of my death.</p>					
Sr. No	Nominee Name	Date of Birth	Relationship	% of Benefit	Appointee Details in case the Nominee is a Minor
1					
2					
3					
4					
<b>Total Percentage of Benefits</b>				<b>100%</b>	
<b>Signature of Employee:</b>			 Date: Place:		
<b>Employer Attestation – to be completed by Human Resources</b>					
HR Coverage Officer:			Designation : Date : Place :		

\* - Company settlement payment includes last month's salary and allowances due to the employee from the Company.

**Please hand over the completed form to your respective HR Coverage Officer**