



Final Settlement /GPA/Life Insurance Coverage Nomination Form

Final Benefits Nomination Forms:

I _____ *Enter your full name (in block letters) in this field*
hereby nominate the person(s) mentioned bellow to receive the insurance amount payable in the event of my death by accident and direct that the said amount shall be distributed among the said person(s) in the manner shown below against their names:

Nominees can be your Parents, spouse & children. In case you do not have a family as defined, you can nominate any other relative, but ensure to change the nomination as soon as you acquire a family as defined.

In case, a minor has been nominated, please provide a guardian's name in the second table below.

No.	Name & Address of Nominee(s)	Relationship with Member	Age of Nominee	% Sharing of the amount
1				
2				
3				
4				
5				

During the minority of the above named nominee(s), I hereby direct that the person(s) whose particulars are given below shall be deemed to be the guardian of the minor nominee for the purpose of FINAL SETTLEMENT /GPA INSURANCE COVERAGE NOMINATION FORM.

No.	Name of Nominee	Age of Minor	Name & Address of Guardian	Relationship
1				
2				



I hereby declare that the particulars stated herein are true and substantiated by records / documents. I am aware that if any of the information is found to be false Dell is entitled to initiate disciplinary proceedings against me including and up to termination of employment. I agree and undertake to produce originals of all documents submitted, as and when requested by Dell.

Signature: _____

Date: _____

NOTE:

- (1) Where an Employee / Member has a family at the time of appointing a Nominee the Nomination should be made in favor of members of this family only. Any nomination made by such employee in favor of any other person not belonging to his family shall be invalid.
- (2) An appointment of Nominee made by the Member may be changed at any time after giving a written notice to the Trustees of his intention to do so. If the Nominee predeceases the Member (Employee) or his estate. (Parents, sisters and minor brothers dependent upon him.
- (3) The appointment of Nominee or any change thereof made from time to time shall take effect to the extent it is valid on the date on which it is received by the Trustees
- (4) For the purpose of the Scheme. "Family" means Member's (Employee's) spouse legitimate children step children, parents, sisters and minor brothers dependent upon him.