

## **<u>Life Insurance-Beneficiary Nomination Form</u>**

Please note that you can nominate a single person or several persons as beneficiaries; however the sum of the % share must add up to100%.

The details provided by you below will be valid till replaced by a revised nomination form. It is recommended that the details provided below be reviewed in case of:

1. Change in marital status.

2. Death of nominated beneficiary.

## **Associate Details:**

Associate Name: AMIT KUMAR

Date of Joining: 13-MAR-2024

## **Beneficiary Details:**

Name & Address of the Beneficiary*	Relationship with the Associate	% Share of Benefits	Bank Details
DIMPAL VILL DHOKALPURA PIYAWALI TAJPUR G B NAGAR UP 201008	SPOUSE	100	Bank name CANARA BANK Bank Branch Name/Code BISHARA Account No 8767220103529 Account Type SAVINGS
			Bank name  Bank Branch Name/Code  Account No  Account Type
			Bank name  Bank Branch Name/Code  Account No  Account Type

<sup>\*</sup> If minor, the details of the guardian with proof of identity required.

## **Declaration:**

I wish to nominate the beneficiary/beneficiaries as named above to receive in the proportion shown. Any final settlement of my duties including the life insurance proceeds, payable upon my death. I understand that this nomination supersedes any earlier nomination made by me.

Amit kumar	
Associate Signature: _	
-	
Date:13-MAR-2024	

Joining Spoc Signature :