



# Member Information Form

**Boeing International Corp India Pvt Ltd**

## Boeing International Corp Group Term Life Coverage

Name of the member

[illegible]

Address

[illegible]

Date of Birth

□□ □□ 19□□  
(DD) (MM) (YY)

Sex

☐ Male      ☐ Female

### Designation

### Nominee Details

(If more than One Nominee is there please use the Back of the page to record the same)

Name

[illegible]

Address

[illegible]

Relationship with the Life Assured:

Percentage of Sum Assured:

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### Is the Nominee a Minor

☐ Yes   ☐ No

If Nominee is a Minor please give details about the Guardian:

Name

[illegible]

Place:

Date:

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(Signature of Member)