**PwC SDC (Bangalore) Private Limited – Group Personal Accident Insurance**

I **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, an insured member of the PwC SDC (Bangalore) Private Limited **Group Personal Accident Insurance**, hereby nominate the below mentioned person (s) as nominee (s) to whom the money secured by the above scheme shall be paid in the event of my death.

| **Sr. No.** | **Nominee Name (as per Aadhar)** | **Relationship** | **Date of Birth (DD-MMM-YYYY)** | **Complete Address & Contact Details** | **Share %** | **If the nominee is minor, name and relationship of guardian who may receive the amount during the minority of nominee** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Place** :

**Date:**

**Signature of the Insured Member:** ………………………………………………………………………………………

**Employee ID:**

**PwC SDC (Bangalore) Private Limited – Group Term Life Insurance**

I **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, an insured member of the PwC SDC (Bangalore) Private Limited **Group Term Life Insurance**, hereby nominate the below mentioned person (s) as nominee (s) to whom the money secured by the above scheme shall be paid in the event of my death.

| **Sr. No.** | **Nominee Name (as per Aadhar)** | **Relationship** | **Date of Birth (DD-MMM-YYYY)** | **Complete Address & Contact Details** | **Share %** | **If the nominee is minor, name and relationship of guardian who may receive the amount during the minority of nominee** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Place** :

**Date:**

**Signature of the Insured Member:** ………………………………………………………………………………………

**Employee ID:**

**PwC SDC (Bangalore) Private Limited – Any Amount Due from the Employer**

I **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, a member of the PwC SDC (Bangalore) Private Limited, hereby nominate the below mentioned person (s) as nominee (s) to whom the money shall be paid in the event of my death.

**FORM I**

**NOMINATION AND DECLARATION FORM**

**(See Rule 3)**

1. **Name of person making nomination (In block letters)** …………………………………………………………

2. **Father's/Husband's Name** …………………………………………………………………………………………………..

3. **Date of Birth** ……………………………………………………………………………………………………………………….

4. **Sex** ……………………………………………………………………………………………………………………………………..

5. **Marital Status** …………………………………………………………………………………………………………………….

6. **Address**

Permanent ……………………………………………………………………………………………………………………….

Temporary ………………………………………………………………………………………………………………………..

I hereby nominate the person(s)/cancel the nomination made by me previously and nominate the person(s) mentioned below to receive any amount due to me from the employer in the event of my death.

| **Name of the nominee/ nominees (as per Aadhar)** | **Address** | **Nominee's relationship with the member** | **Date of Birth (DD-MMM-YYYY)** | **Total amount of share of accumulations in credit to be paid to each nominee** | **If the nominee is minor, name and relationship of guardian who may receive the amount during the minority of nominee** |
| --- | --- | --- | --- | --- | --- |
| **(1)** | **(2)** | **(3)** | **(4)** | **(5)** | **(6)** |
|  |  |  |  |  |  |

**1. \*Certified that I have no family and should I acquire a family hereafter, the above nomination shall be deemed as cancelled. Note:**This is applicable if you are not married. When you get married/change in life event, please connect with the HC operations team to submit a revised form.

**2. \*Certified that my father/mother is/are dependent upon me**

\*Strike out if not applicable

Signature of the employed person

**Certificate by the Employer**

Certified that the particulars of the above nomination have been verified and recorded in this establishment.

**Signature of the employer/Officer authorised Designation**

**Date: Name and address of the establishment or rubber stamp thereof**

**PwC SDC (Bangalore) Private Limited – Gratuity from the Employer**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a member of the PwC SDC (Bangalore) Private Limited, hereby nominate the below mentioned person (s) as nominee (s) to whom the money shall be paid in the event of my death.

**Emp No.**

**FORM 'F'**

See sub-rule (1) of Rule 6

**Nomination**

To,

PricewaterhouseCoopers SDC (Bangalore) Private Limited

4th Floor, Pine Valley, Embassy Golf Links Business Park,

Challaghatta Village, Bangalore 560071

I, Shri/Shrimati/Kumari :

whose particulars are given in the statement below, hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable, or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

2. I hereby certify that the person(s) mentioned is/are a member(s) of my family within the meaning of clause (h)

of Section (2) of the Payment of Gratuity Act, 1972.

3. I hereby declare that I have no family within the meaning of clause (h) of Section (2) of the said Act.

4. (a) My father/mother/parents is/are not dependent on me.

(b) My husband's father/mother/parents is/are not dependent on my husband.

5. I have excluded my husband from my family by a notice dated the to the controlling authority in terms of the

proviso to clause (h) of Section (2) of the said Act.

6. Nomination made herein invalidates my previous nomination.

**Nominee(s)**

| **Name in full (as per Aadhar) with full address of nominee(s)** | **Relationship with the employee** | **Age of nominee** | **Proportion by which the gratuity will be shared** |
| --- | --- | --- | --- |
| **(1)** | **(2)** | **(3)** | **(4)** |
|  |  |  |  |
|  |  |  |  |

## **Emp No.**

## **Statement**

**1. Name of employee in full :**

**2. Sex :**

**3. Religion :**

**4. Whether unmarried/married/widow/widower :**

**5. Department/Branch/Section where employed :**

**6. Post held with Ticket No. or Serial No., if any :**

**7. Date of appointment :**

**8. Permanent address :**

**Place: BANGALORE Signature/Thumb-impression of the Employee**

**Date:**

**Declaration by Witnesses**

Nomination signed/thumb-impressed before me

**Name in full and full address of witnesses. Signature of Witnesses.**

**1. 1.**

**2. 2.**

**Place: Bangalore**

**Date:**

**Certificate by the Employer**

Certified that the particulars of the above nomination have been verified and recorded in this establishment.

**Signature of the employer/Officer authorised Designation**

**Date: Name and address of the establishment or rubber stamp thereof**