

**LIFE INSURANCE (GTL) NOMINATION FORM**  
**cum**  
**PERSONAL ACCIDENT INSURANCE (GPA) NOMINATION FORM**

**NOMINATION FORM – GPA and GTL Policy**

Employer : **M/s. McAfee Software (India) Private Limited.**

Member Name : Rajkamal Pillai

Group Policy No. : \_\_\_\_\_ Employee No. / WWID : 20014334

Gender : Male Marital Status : Unmarried  
 (Male/Female) (S/M/W) (Single/Married/Widow)

Date of Employment : 18-Oct-2021 Date of Birth : 25-Jan-1979  
 (DD/MMM/YYYY) (DD/MMM/YYYY)

Nationality : India Designation : Software Architect

In the event of my Death, I wish my benefits under the above Policy be apportioned to the following nominated beneficiary as follows:

	Name	Id No. *	Relationship	Percentage (%)
1.	<u>Rajkiran R</u>	<u>661183201989</u>	<u>Sibling</u>	<u>100</u>
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
				=====
				100%
				=====

**Note: \* ID No. could be either Passport No. / Driving Licence No. / Voter's ID No. / PAN Card No. / AADHAAR Card No.**

**IMPORTANT NOTE:** I understand that this document will be retained by my Employer and used to distribute any benefits arising from the Policy. This document supercedes any previous nominations.

DocuSigned by:

Rajkamal Pillai

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Signature of Employee

18-Oct-2021

Date

(DD/MMM/YYYY)

- If you wish to maintain the content of this form as confidential, please return to your Human Resources Manager/Employer in a sealed envelope
- In the event that you wish to amend your nomination, please ask your employer for a replacement Member Enrolment Form