



## NOMINATION FOR AT&T FULL & FINAL SETTLEMENT (F&F)

Employee id: \_\_\_\_\_

I, \_\_\_\_\_, hereby nominate the person/persons mentioned below who is/are member/members of my family, the right to receive the full & final settlement payment that is authorized from AT&T in the event of my death while in service.

(1) Name and addresses of nominee/nominees	(2) Relationship with the employee	(3) Age of the nominee	(4) Percentage proportion by which the F&F will be shared

*Total should not be  
more than 100%.*

### NOTE:

1. AT&T Full & Final settlement may include unpaid salary, allowances (Shift, Standby, Overtime), variable pay (Connection Award, AT&T Success Bonus, Sales Incentive Plan, Long Term Incentive as applicable), Annual Leave encashment, unpaid business expense reimbursements and unpaid awards (Long Service, Performance or Recognition)

NAME OF THE EMPLOYEE:

NAME OF YOUR EMPLOYER:

DATE OF JOINING:

PLACE (Work City):

DATE:

Signature of Employee



## Insurance Beneficiary Nomination Form

Employer / Entity  
(Select the appropriate)

Employee Full Name

ATTUID

Gender

Marital Status

Date of Joining  
(DD/MMM/YYYY)

Date of Birth  
(DD/MMM/YYYY)

Amount of coverage requested:

***As per company policy***

**\*\*GPA & GTL:** In the event of my demise, I wish my benefits under the above Policy be apportioned to the following nominated beneficiary (ies).

S. No	Nominee Name	Date of Birth	Relationship	% of Benefit GPA	% of Benefit GTL	Appointee/Guardian Details in case the Nominee is a Minor
1						
2						
3						
4						
Total Percentage of Benefits				100 %	100 %	

**\*\* GPA - Group Personal Accident & GTL – Group Term Life.**

**Note: This nomination is NOT APPLICABLE for Group Medical Cover (GMC). Contact local HRCM team for further details.**

**IMPORTANT NOTE:** I understand that this document will be retained by my Employer and will be used to distribute any benefits arising from the above said Policies. The following nomination invalidates all such nominations made prior to the date of this nomination.

**I hereby declare that the particulars stated above are true and to the best of my knowledge.**

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Place

In the event that you wish to amend your nomination, please contact local HRCM team for a replacement “Beneficiary Nomination Form”.

EMP ID: \_\_\_\_\_

**FORM - F**  
**(See Sub-Rule (1) of Rule 6)**

**NOMINATION**

To  
**M/s.**

(Give name or description of the establishment with full address)

I Shri/smt./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 a/are 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 provision to clause (h) of Section 2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

**Nominee(s)**

Full Name along with address of nominee(s)	Relationship with the employee	Age of Nominee	Proportion by which the gratuity will be shared
(1)	(2)	(3)	(4)
1.			
2.			
3.			
4.			

**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 or Serial No., if any :  
7. Date of appointment :  
8. Permanent address :

Village \_\_\_\_\_ Thana \_\_\_\_\_ Sub-division \_\_\_\_\_

Post office \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_

Place: \_\_\_\_\_ Signature / Thumb-impression  
Date: \_\_\_\_\_ of the employee

Declaration by witnesses  
Fresh nomination signed / thumb-impressed before me.

Name in full and full address of witnesses Signature of witnesses

1. 1.

2. 2.

Place: \_\_\_\_\_  
Date: \_\_\_\_\_

Certificate by the employer

Certified that the particulars of the above nomination have been verified and recorded in this establishment.  
Employer's reference No., if any.

Signature of the employer / officer  
authorised designation

for

Name & Address of the establishment /  
Rubber-stamp thereof

Acknowledgment by the employee

Received the duplicate copy of nomination in Form F filed by me and duly certified by the employer.

Date: \_\_\_\_\_ Signature of the employee

Note: Strike out the words/paragraphs not applicable.  
Note: Please retain with you for any change in marital status at a later date

**Definition for Family**

**(h) "Family" in relation to an employee, shall be deemed to consist of –**

(i) in the case of a male employee, himself, his wife, his children, whether married or un married, his dependent parents 1 [and the dependent parents of his wife and the widow] and children of his predeceased son, if any.

(ii) in the case of a female employee, herself husband, her children, whether married, or unmarried, her dependent parents and the dependent parents of her husband and the widow and children of her predeceased son, if any:

[1. Substituted for the words "and the widow" by Act No. 22 of 1987, s.2(ii)(a), w.e.f. 1-10-1978]



## FORM 2 (Revised)

Employee code \_\_\_\_\_  
(Mandatory)

(For Unexempted /Exempted Establishments)

### NOMINATION AND DECLARATION FORM

(Declaration and Nomination Form under the Employees' Provident Funds and Employees' Pension Scheme)

(Paragraphs 33 & 61 (1) of the Employees' Provident Funds Scheme, 1952 and paragraph 18 of the Employees' Pension Scheme, 1995)

- |   |                             |   |                    |
|---|-----------------------------|---|--------------------|
| 1 | Name (in Block Letters)     | : |                    |
| 2 | Father's/Husband's Name     | : |                    |
| 3 | Date of birth               | : |                    |
| 4 | Sex                         | : |                    |
| 5 | Marital Status              | : |                    |
| 6 | Account No. (PF/EPS Number) | : | UAN:               |
| 7 | Address (Residential)       | : | Relationship Type: |

Permanent:

Temporary:

#### PART A (EPF)

I hereby nominate the person(s)/cancel the nomination made by me previously and nominate, the person(s) mentioned below to receive the amount standing to my credit in the Employees' Provident Fund, in the event of my death:

Name and Address of the nominee/ nominees	Nominee's relationship with the member	Date of Birth	Total amount or share of accumulations in Provident Fund to be paid to each nominee (%)	If the nominee is a minor, name and relationship and address of the guardian who may receive the amount during the minority of nominee
(1)	(2)	(3)	(4)	(5)
			<b>100%</b>	

\* Certified that I have no family as defined in para 2(g) of the Employees' Provident Funds Scheme, 1952, and should I acquire a family hereafter, the above nomination should be deemed as cancelled.

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

\* Strike out whichever is not applicable.

**Note:** - A Fresh nomination shall be made by the member on his marriage and any nomination made before such marriage shall be deemed to be invalid.

Important to check by employee to fill the above

Signature or thumb impression of the subscriber

\$ - Applicable if Married -> To Spouse and Children (include children adopted legally before death in service).

\$\$ - Applicable to both Married and unmarried: (1) Married -- To any person(s) other than spouse and children.

(2) Unmarried -- To Parents, Brother, Sister or any other person(s).

For instructions refer bottom of page

## Part B (EPS) (Para 18) \$

I hereby furnish below particulars of the members of my family who would be eligible to receive widow/children pension in the event of my death.

Sl.No.	Name and address of the family members	Date of Birth	Relationship with the member
(1)	(2)	(3)	(4)
1			
2			
3			
4			

\*\* Certified that I have no family, as defined in para 2(vii) of Employees' Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the above form.

I hereby nominate the following persons for receiving the monthly widow pension (admissible under para 16 2(a) (i) and (ii) of Employees' Pension Scheme, 1995 in the event of my death without leaving any eligible family member for receiving Pension. \$\$

Name and Address of the Nominee	Date of Birth	Relationship with the member
(1)	(2)	(3)

Dated the :

.....  
Signature or thumb impression  
of the subscriber

### CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed/thumb impressed before me by Shri/Smt./Kumari \_\_\_\_\_ employed in my establishment after he/she has read the entries/the entries have been read over to him/her by me and got confirmed by him/her.

Place: \_\_\_\_\_

.....  
Signature of the Employer or other authorised  
Officer of the establishment

Dated the \_\_\_\_\_

Designation.....  
Name and address of the Factory/Establishment  
or rubber stamp thereof

Important to check by employee to fill the above

\$ - Applicable if Married -> To Spouse and Children (include children adopted legally before death in service).  
\$\$ - Applicable to both Married and unmarried: (1) Married -- To any person(s) other than spouse and children.  
(2) Unmarried -- To Parents, Brother, Sister or any other person(s).

### **Declaration for Leave Encashment**

1. To whom so ever it may concern I....., Employee number....., hereby submits an irrevocable resignation on 30-June-2021 to AT&T Communication Services India, International Technology Park Bangalore (ITPB), Whitefield Road, Bangalore - 560066 and claiming Leave Encashment payment in the full and final settlement.
  
2. I acknowledge the fact that I have not availed Leave Encashment exemption under section 10(10AA) Income Tax Act, 1961 from any of my previous(s) employer's.

OR

I acknowledge the fact that I have availed leave encashment exemption under the respective act in the past from previous(s) employer for an amount of INR\_\_\_\_\_

Date:

Place (Work city):

Employee Signature

Witness Name 1:  
Address:

Witness Name 2:  
Address:

**EMPLOYEES PROVIDENT FUND ORGANIZATION**

Employees provident funds scheme, 1952 (paragraph 34 & 57) &  
Employees pension scheme 1995 (paragraph 24)

**New Form No.11- Declaration Form**

(To be retained by the employer for future reference)

Emp Code: \_\_\_\_\_

Company: \_\_\_\_\_

(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 end /of EPS1995 is applicable)

1	Name of the member									
2	Father's Name ( ) Spouse's Name ( ) (Please Tick Whichever Is Applicable)									
3	Date of Birth (DD/MM/YYYY)									
4	Gender: (Male / Female /Transgender)									
5	Marital Status (married /Unmarried /widow/divorce)									
6	(a) Email ID: (b) Mobile No:									
7*	Whether earlier a member of Employees 'provident Fund Scheme 1952					Yes <input type="checkbox"/> No <input type="checkbox"/>				
8*	Whether earlier a member of Employees 'Pension Scheme ,1995					Yes <input type="checkbox"/> No <input type="checkbox"/>				
9	<b>If response to any or both of (7) &amp; (8) above is yes. MANDATORY FILL UP THE (COLUMN 9)</b>									
	a) Universal Account Number (UAN)									
	b) Previous PF a/c No		AP	HYD	EST.CODE	EXTN	PF NO.			
	c) Date of exit from previous employment (DD/MM/YYYY)									
	d) Scheme Certificate No (if Issued)									
	e) Pension Payment Order (PPO)No (if Issued)									
10	a) International Worker:					Yes <input type="checkbox"/> No <input type="checkbox"/>				
	b) If Yes, State Country Of Origin (India /Name of Other Country)									
	c) Passport No									
	d) Validity of Passport (DD/MM/YYYY) to (DD/MM/YYYY)									
11	<b>KYC Details: (attach Self attested copies of following KYCs) **</b>									
	a) Bank Account No. & IFS code									
	b) AADHAR Number (12 Digit)									
	c) Permanent Account Number (PAN), If available									

**UNDERTAKING**

- 1) Certified that the Particulars are true to the best of my Knowledge
- 2) I authorize EPFO to use my Aadhar for verification / e KYC purpose for service delivery
- 3) Kindly transfer the funds and service details, if applicable if applicable, from the previous PF account as declared above to the present P.F Account (The Transfer Would be possible only if the identified KYC details approved by previous employer has been verified by present employer)
- 4) In case of changes In above details the same Will be intimate to employer at the earliest

Date:

Place:

Signature of Member

**DECLARATION BY PRESENT EMPLOYER**

- A) The member Mr./Ms./Mrs .....has joined on .....and has been allotted PF Number.....
- B) In case person was earlier not a member of EPF Scheme ,1952 and EPS,1995
- (Post allotment of UAN ) The UAN Allotted for the member is.....
  - **Please tick the Appropriate Option:**
  - The KYC details of the above member in the UAN database
    - ☐ Have not been uploaded
    - ☐ Have been uploaded but not approved
    - ☐ Have been uploaded and approved with DSC
- C) In case the person was earlier a member of EPF Scheme ,1952 and EPS, 1995:
- The above PF account number /UAN of the member as mentioned in (a) above has been tagged with his /her UAN/previous member ID as declared by member
  - **Please Tick the Appropriate Option**
    - ☐ The KYC details of the above member in the UAN database have been approved with digital signature Certificate and transfer request has been generated on portal.
    - ☐ As the DSC of establishment are not registered With EPFO the member has been informed to file physical claim (Form13) for transfer of funds from his previous establishment.

Date

Signature of Employer With seal of Establishment