

## **Life Insurance-Beneficiary Nomination Form**

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 i	<u>Jetaii</u>	s:
Associate N	lame:	

Date of Joining:

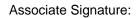
## **Beneficiary Details:**

Name & Address of the Beneficiary*	Relationship with the Associate	% Share of Benefits	Bank Details
			Bank name
			Bank Branch Name/Code
			Account No
			Account Type
			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.





Y. Saikorshna Reddy

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



Joining Spoc Signature