

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 to 100%.

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 Details:

Associate Name:

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

* 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.

Associate Signature:

Y. Saikrishna Reddy

_____ Date:_____

Joining Spoc Signature