 

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 Details:

Associate Name: **SAPTARSHI GANGULI**

Date of Joining:30 SEP 2025

# Beneficiary Details:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name & Address of the Beneficiary\*** | **Relationship with the Associate** | **% Share of Benefits** | **Bank Details** |
| PRADYUT KR GANGULI  KRISHNANAGAR  WEST BENGAL | Father | 50% | Bank name : AXIS BANK  Bank Branch Name/Code : BAGALUR CROSS ROAD  Account No : 920010049830967  Account Type : Saving |
| ANINDITA GANGULI  KRISHNANAGAR  WEST BENGAL | Mother | 50% | Bank name : AXIS BANK  Bank Branch Name/Code : BAGALUR CROSS ROAD  Account No : 920010049830967  Account Type : Saving |
|  |  |  | 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:

01-12-2023

Date

Joining Spoc Signature