



### Nomination Form

Employee name: SUMANTA KUMAR SAHOO Employee Number: 20008327  
Organization: ALLSTATE INDIA

S. No	Nominee	Nominee Relationship	Nominee DOB	Nominee Gender	Share%	Guardian Name	Guardian Relationship to nominee
1	MADHUSMITA SAHOO	WIFE	10/3/1986	F	100%		
2							

I confirm that the information provided above is accurate to the best of my knowledge and can be used as the basis for the distribution of claims payout if any, in the event of my death.

Date: 19/12/2024

Signature: Sumanta Kumar Sahoo

#### Next Important steps to complete nomination

- 1) Take print of the form.
- 2) Sign on the printed form.
- 3) Scan and Upload signed form by clicking "upload form" button (File format: jpg, jpeg, pdf)
- 4) Nomination Form should be uploaded within 7 days after declaration in the system. After 7 days it will consider as invalid declaration.