

Group Term Life Insurance and Business Travel
Accident Insurance Nomination



To,

Citigroup Global Markets India

I, Shri/Shrimati/Kumari _____

(Name in full here)

Whose particulars are given in the statement below, hereby nominate the person(s) mentioned below to receive the amount payable after my death under the Citi Group Term Life Insurance Scheme/ Business Travel Accident Insurance . The amount shall be paid in proportions as indicated against the name(s) of the nominee(s).

2. I hereby certify that the person(s) mentioned is/are a member(s) of my family and nomination made herein invalidates my previous nomination, if any.

Name & Address Of the Nominee	Nominee's Relationship With the Employee	Date of Birth	Proportion in which the Insurance amount will be shared

GEID :

Date of Joining :

Permanent Address:

Date

Employee Signature