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_	ntit\/	Name :	trom	$h \cap$		
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Entities

Citigroup Global markets India Pvt. Ltd Superannuation Scheme.			
Citicorp Finance (India) Ltd., Officer group Superannuation Scheme			
Citibank NA (Indian Branches) Senior Officers Superannuation Fund			
Citicorp Services India Ltd. Superannuation Scheme.			

To,
The Trustees,
Entity Name from above

I , ______, son / daughter of, am Member of the <mark>(Entity Name from above)</mark>

hereby appoint, in terms of rules governing the fund, the person or the persons hereinafter mentioned as the person or persons to whom the money payable under the rules of the fund shall be paid in the event of my death and I hereby authorize the Trustees to pay such moneys to the person or persons named in Column 1 and described in Column 2 and 3 of the following schedule in the shares specified in column 4 hereof and I hereby appoint the persons (if any) named and described in Column 5 thereof to receive the moneys which may be payable to any minors under this appointment with authority to receive the name and give a valid discharge in respect thereof. I hereby declare and agree that payment as made by the Trustees shall be in full and complete discharge to the Trustees of the said monies.

I further declare and acknowledge that I understand that if I amend my beneficiary nomination, any prior beneficiary nomination I have made will be revoked.

The Schedule above referred to

1	2	3	4	5		
Name and Address of the Beneficiary/ Beneficiaries	Whether Major or Minor at this date along with date of birth	Relationship to the member	% Share to go to such Beneficiary (a total of 100%)	Name and address of the person who should receive the moneys payable to minor(s) paid		

And		have	here unt	o set their	hands	on th	าis	day	of	. 20	in the	joint pre	sence	of himse	elf/herself
and	us who	at his/	her requ	est and in	such j	oint p	oresence	have	unto si	ubscrib	ed our	names a	as witi	nesses.	

IN WITNESS WHEREOF the.....on this

Witnesses:	
1. Signature	
Name	
Address	
2. Signature	
Name	
Address	

Signature of Member