

# RULES – GSLI

Center:

Group Insurance No.:

Department:

Employee code:

## FORM OF APPOINTMENT OF BENEFICIARY

I, \_\_\_\_\_, an Insured member of the Birla Institute of Technology – Group Saving Linked Insurance Scheme hereby appoint in terms of Rule No. 13 headed ‘Appointment of Beneficiary’ of the rules covering the scheme my (relationship) \_\_\_\_\_ Named \_\_\_\_\_ and whose address (permanent address) is \_\_\_\_\_

\_\_\_\_\_ Bank Account No. of Nominee (if any along with bank name) \_\_\_\_\_ Name of the Bank

\_\_\_\_\_, Branch Name & Address

\_\_\_\_\_, Type of Account

\_\_\_\_\_ as the person to be the beneficiary to whom the money is payable in terms of the rules of the scheme shall be in the event of my death.

Singed at (Place) \_\_\_\_\_ This \_\_\_\_\_ Day of \_\_\_\_\_  
(Place) (Date) (month) (Year)

Signature of the Insured Member

(If thumb impression is given kindly attest the thumb)

Impressions along with right/left thumb

### **Witness by: (Signed in the presence of)**

1. i) Signature \_\_\_\_\_  
ii) Name \_\_\_\_\_  
iii) Address \_\_\_\_\_
  
2. i) Signature \_\_\_\_\_  
ii) Name \_\_\_\_\_  
iii) Address \_\_\_\_\_