

Name of the Employee:

Code:

NOMINATION FOR BENEFITS UNDER SCTIMST, THIRUVANANTHAPURAM EMPLOYEES GROUP
SAVINGS- LINKED INSURANCE SCHEME

When the Employee has a family and wishes to nominate one member or more than one member there of

I hereby nominate the person (s) mentioned below, who is/ are member(s) of my family and confer on him/ them the right to receive to the extent specified below any amount that may be sanctioned by the SCTIMST under the SCTIMST Employees Group Savings- Linked Insurance Scheme in the event of my death while in service or which having become payable on my attaining the age of Retirement may remain unpaid at the death.

Name(s) & address(s) of nominee/ nominees	Relationship with employee	Age	Share to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name, Address and relationship of the person, if any to whom the right of the nominee shall pass in the event of his predeceasing the employee

Dated this day 20..... at

Signature of two witnesses

- 1.
- 2.

Signature of the employee