

## NOMINATION FOR BENEFITS UNDER GROUP INSURANCE SCHEME OF UNIVERSITY OF DELHI AND ITS MAINTAINED INSTITUTIONS/AFFILIATED COLLEGES

### Appointment of Beneficiary

I.....S/o. /W/o./ Sh. ....insured member of the Group Savings Linked Insurance Scheme of University of Delhi and its maintained institutions / affiliated colleges hereby appoint in terms of Rule No. 13 (appointment of Beneficiary) of the rules governing the scheme, the person (s) mentioned below to be the beneficiary to whom the money payable in terms of the rules of the scheme shall be paid in the event of my death.

Name and address of beneficiary/beneficiaries  1	Relation-ship with the insured  2	Age  3	Share of amount to be paid to each  4	Contingencies on the happening of which the appointment of beneficiary shall become invalid  5	Name, address and relationship of the person, if any, to whom the right of beneficiary shall pass in the event of his predeceasing the insured  6

*N.B.* :- Please draw lines across the blank space below the last entry to prevent insertion of any names after the insured has signed.

Dated this.....day of .....

Signature of two Witnesses :

1. (i) Signature .....
- (ii) Name .....
- (iii) Address .....
- .....
2. (i) Signature .....
- (ii) Name .....
- (iii) Address .....
- .....

Signature of Insured Member  
Designation .....

Deptt./Institution.....

Address.....

Forwarded by

Head of the Department  
(Seal)