

LIFE INSURANCE CORPORATION OF INDIA
P&GS UNIT :: VISAKHAPATNAM
Ph. No: 0891 2746471, Fax: 2746465

GSCA CLAIM FORM - 3

NOMINATION

(in case of more than one nominee, percentage share should be specified.)

I, the member of
Group superannuation scheme, here by appoint my (relationship) named

.....Agedyears

.....Agedyears and

.....Agedyears

whose address is

as the person to whom the money payable under the Rules of the scheme, shall be paid in
the event of my death. I further agree and declare that upon such payments, the
Corporation will be discharged of all liability in this respect under the Master Policy.

If Nominee is Minor, Appointee's full name and address:	Age	Relationship with the Nominee
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(Signature of the Appointee
as a token of consent)

Dated at on day of 20

Witness by Trustee:

Signature:

Signature of the Member

Name:

Address:

Seal

Signature of the Nominee

NOTE: NOMINATION FORM ALONG WITH ENCLOSURES SHOULD BE NOTARISED

ENCLOSURES REQUIRED :-

1. COPY OF AADHAR CARD IN FAVOUR OF ALL NOMINEES

2. PAN CARD COPY, IF NOT AVAILABLE SUBMIT FORM 60 DECLARATION.