

FORM "B"

FORM OF NOMINATION (BENEVOLENT FUND AND GROUP INSURANCE ACT, 1969 (II OF 1969))

Name & Designation of the employee _____

Service / Department _____

I hereby nominate the person / persons mentioned below who are member/ members of my family as defined in Section -2 of the Federal employees Benevolent Fund and Group Insurance Act, 1969 (II of 1969) to receive the Benevolent Grant and the sum assured event of my death.

PART-I

(For Wife / Husband only)

<i>NAME NOMINEE / NIMINEES.</i>	<i>RELATIONSHIP</i>	<i>AGE.</i>	<i>SPECIFICATION OF SHARE</i>	<i>REMARKS</i>

PART-II

(FOR MEMBERS OF FAMILY OTHER THAN WIFE / HUSBAND)

<i>NAME NOMINEE / NIMINEES.</i>	<i>RELATIONSHIP</i>	<i>AGE.</i>	<i>SPECIFICATION OF SHARE</i>	<i>REMARKS</i>

Certified that the member or members of my family mentioned in Part-II are wholly depend upon me.

The earlier Nomination made by me may kindly be treated as cancelled.

Dated _____ . . .

WITNESS.

1. _____
(signature/ Thumb Impression)

Signature and Thumb
Impression of Employee

(Name & Designation in Block letters)

2. _____
(signature/ Thumb Impression)

Name in block letters
Service and Department

(Name & Designation in Block letters)

M.Safeer