Beneficiary Nomination Form

PLAN NAME: GROUP TERM LIFE INSURANCE POLICY

EMPLOYEE NUMBER: ______________

Beneficiary Details

<table>
<thead>
<tr>
<th>Name of Beneficiary Nominated</th>
<th>Relationship with Employee</th>
<th>% Share of benefit</th>
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If Beneficiary nominated is a Minor please mention below the name of Guardian

Guardian Name: __________________________________________________________

Relationship of Guardian with Nominated Beneficiary: ______________________

Signature of Guardian: ________________________________

EMPLOYEE SIGNATURE

DATE: __/___/______
(DD/MMM/YYYY)

NAME: ____________________________

Disclaimer – Group Term Life Insurance Policy is a part of the Employee Benefit Insurance Programme of Veritas and offering guidelines for the same will be governed by the Compensation & Benefit Programme of Veritas. Policy terms applicable will be as per insurance contract between Veritas & the Life Insurer underwriting the Insurance Programme. Above data will be used by Veritas & the Life Insurer to pay the applicable Sum Assured under the Life Insurance Policy to the beneficiary nominated by the employee in the event of an unfortunate death of the life insured. Claim settlement process to be followed will be as per applicable norms agreed between Veritas & Life Insurer.
**Beneficiary Nomination Form**

**PLAN NAME:**  **GROUP TERM LIFE INSURANCE POLICY**

**EMPLOYEE NUMBER:**  **EMPLOYEE ID**

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If Beneficiary nominated is a Minor please mention below the name of Guardian

Guardian Name : ____________________________________________________

Relationship of Guardian with Nominated Beneficiary: ______________________

**DATE OF JOINING**

**EMPLOYEE SIGNATURE**

Signature

.................................................................

**DATE:**  ____/____/____

(DD/MMM/YYYY)

**NAME:**  ...FULL NAME......

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