

# NOMINATION FORM

(NOMINATION IN RESPECT OF GROUP SAVINGS LINKED INSURANCE SCHEME)

I..... S/o. Sh. ....  
working as ..... in the office of SLIET covered under the Group Savings  
Linked Insurance Scheme of the LIC of India hereby nominate Sh./Smt. ....  
who is my (Relation) ..... aged.....  
as nominee under the above scheme for receiving payment of the claim in the case of my death.

Date :.....

(Signature of Applicant)

Name : .....

Designation : .....

Address : .....

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