



# Gail (India) Limited Superannuation Benefit Fund

## [Declaration-cum-Nomination Form]

I, Mr. /Ms. \_\_\_\_\_ Son/ Daughter/ Wife of \_\_\_\_\_ posted at \_\_\_\_\_ (name of the Work Centre/ Office) hereby agree to be a Member of the **GAIL (India) Limited Superannuation Benefit Fund** and nominate the person(s) mentioned below to receive 'Pension' under the relevant provisions of the GAIL (India) Limited Superannuation Benefit Fund Scheme for employees of GAIL (India) Limited in the event of my premature death while in service:

### 1. Particulars of the nominee(s)

Sl. No.	Name & Address of the Nominee(s)	Relationship	Date of Birth	Gender	% or share of benefit
1.					

### 2. Particulars of alternate nominee(s) (if any)

Sl. No.	Name & Address of the Nominee(s)	Relationship	Date of Birth	Gender	% or share of benefit
1.					
2.					

### 3. Particulars of guardian in case nominee is minor

Sl. No.	Name & Address of the Nominee(s)	Relationship	Date of Birth	Gender
1.				

#### NOTE:

1. In case of married employee, the spouse should be nominated as sole nominee or as one of the nominees if the employee prefers to have more than one nominee. Any nomination(s) which does/ do not include spouse in case of married employee shall be void.
2. In case of unmarried employee, the nominee or one of the nominees must be from his/her family.
3. If an employee nominates more than one person, he/ she shall in his/her nomination specify the amount or share payable to each nominees.
4. It is advised that employee should also complete alternate nomination.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

(Signature of the Employee)

Name : \_\_\_\_\_

CPF No. : \_\_\_\_\_

Designation : \_\_\_\_\_