



भारतीय जीवन बीमा निगम

**Life Insurance Corporation of India**

[Established by the Life Insurance Corporation Act, 1956]  
Bombay Divisional Office, Group & Superannuation Department

NOMINATION

I, Shri/Smt \_\_\_\_\_ Annuity No. \_\_\_\_\_ a member of the BPCL Employees' Contributory Superannuation Scheme, residing at \_\_\_\_\_ hereby nominate Shri/Smt \_\_\_\_\_ aged \_\_\_\_\_ years, residing at \_\_\_\_\_ who is related to me as \_\_\_\_\_, to receive the Pension in the event of my death during the guaranteed period as per the rules of the scheme/the Pension Corpus on my death. I further agree and declare that upon such payment, the Corporation will be discharged of all liability in this respect under the Master Policy No. GA/12663.

\_\_\_\_\_  
[ Signature of the Nominee ]

If nominee is minor,

Appointee's full names & addresses	Age	Relationship to nominee
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_____		
_____		
_____		

\_\_\_\_\_  
(Signature of Appointee as token of consent)

\_\_\_\_\_  
[ Signature of Annuitant ]

Place :

Date :

Endorsed by:

\_\_\_\_\_  
[Signature of Trustee ]