

## FORMAT - 11

### FORM OF NOMINATION

To  
THE TRUSTEES BANK (EMPLOYEES'S) PENSION FUND

I, \_\_\_\_\_ PPO No/ EPF No \_\_\_\_\_ hereby nominate the person(s) named below and confer on him / them the right to receive , to the extent specified below , the amount of pensioner benefits under the Pension Regulations in the event of my death before the amount become payable, or having become payable, has not been paid.

Name and address of the Nominee(s)	Relationship with the pensioner	Age	Amount of share (%)		Date of Birth	IF NOMINEE IS MINOR
						Name & address of the person who may receive the said pension during the nominee's minority
(1)	(2)	(3)	(4)	(5)	(6)	

Name and address of other Nominee(s) in case the nominee under column 1 above predeceases the pensioner	Age	Relationship with the pensioner	Amount of share (%)	Date of Birth ,if the other nominee(s) is/are minor	Name & address of the person who may receive the pension during other nominee's minority	Contingency on happening of which nomination shall become invalid
(7)	(8)	(9)	(10)	(11)	(12)	(13)

This nomination supersedes the nomination made on \_\_\_\_\_ which stand cancelled.

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

(Signature / Thumb Impression (if illiterate) of Pensioner/Employee)

Date: \_\_\_\_\_ Name of Pensioner/Employee : \_\_\_\_\_

**WITNESS:** 1. \_\_\_\_\_ 2. \_\_\_\_\_

Address : \_\_\_\_\_ Address : \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
EPF No \_\_\_\_\_

Signature: \_\_\_\_\_  
EPF No \_\_\_\_\_

**(To be ATTESTED by the Pension Disbursing Branch/ Deptt. at H O / Branch)**

**SEAL OF ATTESTING AUTHORITY**

*NOTE:1. If the employee has a family, the nomination shall not be in favor of any person or persons other than the members of the family. 2. If the employee has no family, the nomination may be made in favor of person or persons, or a body of individuals whether incorporated or not.. 3. Strike out which is not applicable.*