

Form No. 3

Nomination for Benefits under the ED Agents' Group Insurance Scheme, 1992

When the EDA has family and wished to nominate one or more than one member thereof.

I, ....., here by nominate the person(s) mentioned below who is/ are member(s) of my family and confer on him/ them the right to receive to the extent specified below any amount that may be sanctioned under the ED Agents' Group Insurance Scheme, 1992, in the event of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Name and address of the nominee/ nominees	Relationship with Government employee	Age	*Share to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name, address and relationship of the person, if any, to whom the right of the nominee shall pass in the event of his predeceasing the employee
1.	2.	3.	4.	5	6
1. 2. 3.					

Dated this .....day of .....20 .....at.....

\*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

Signature of two witnesses:

- 1.
- 2.

Signature of EDA

N.B.- The EDA should draw a line across the blank space below his last entry to prevent insertion of any name after he has signed.