

***Life Insurance Beneficiary Nomination Form***

**EMPLOYEE NAME:**

**EMPLOYEE ID:**

**Group Personal Accident Beneficiary Nomination form**

Name and address of Nominee or nominees	Relationship to the Life Assured	Amount or share to be paid to each nominee (%)	Age of the Nominee	If the nominee is a minor, name & address of the guardian who may receive the amount during the minority of the nominee

**Group Term Life Insurance Beneficiary Nomination form**

Same as above nomination.

Name and address of Nominee or nominees	Relationship to the Life Assured	Amount or share to be paid to each nominee (%)	Age of the Nominee	If the nominee is a minor, name & address of the guardian who may receive the amount during the minority of the nominee

**Date:-** \_\_\_\_\_

**Signature of the Employee:-** \_\_\_\_\_

**Place:-** \_\_\_\_\_

**Kindly Note:-**Please submit the duly completed nomination form through HR Connect if there are any nomination changes during your employment in intuit.