



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.