



GROUP LIFE INSURANCE  
SEPCO EMPLOYEES  
FORM OF NOMINATION

FROM "A"

(When The Employee Has A family)

I \_\_\_\_\_ Born on \_\_\_\_\_ S/o \_\_\_\_\_ hereby nominate the persons(s) mention below Who is a/are member (s) of my family as defined in role 2 of the Pakistan Water and Power Authority Employees Provident Fund Rules, to receive in the event of my death during my admissible to my family under the Group Life Insurance Scheme of SEPCO employee in the manner shown against his/their name(s).

I hereby appoint the person(S) recorded in column 5 to receive the benefit available under Group Life Insurance scheme on behalf of nominee(s) who is a/are minor(s) or is/are suffering from legal disability.

| <b>Name and Address of nominee(s)</b> | <b>Relationship with the employee</b> | <b>Whether major or Minor or suffering from legal disability, or major state his/her age</b> | <b>Percentage of share to be paid to each</b> | <b>Name and address of the person to whom payment is to be made on behalf minor or the person suffering from the other legal disability</b> | <b>Sex and percentage of person mentioned in col: 5</b> |
|---------------------------------------|---------------------------------------|--|---|---|---|
| <b>1</b>                              | <b>2</b>                              | <b>3</b>   | <b>4</b>                                      | <b>5</b>  | <b>6</b>  |
|                                       |                                       |  |   |   |   |

Dated this \_\_\_\_\_ Day of \_\_\_\_\_ at \_\_\_\_\_ Designation \_\_\_\_\_

Present official address:- \_\_\_\_\_

\_\_\_\_\_  
Sig: of the employee

Permanent address \_\_\_\_\_

---

Two witnesses to signature of the member who must sign in the person of each other and in that of the member all heir present at the same time.

1. Signature: \_\_\_\_\_  
Address: \_\_\_\_\_  
Designation: \_\_\_\_\_

2. Signature: \_\_\_\_\_  
Address: \_\_\_\_\_  
Designation: \_\_\_\_\_

---

Drawing & Disbursing Officer