

phone No: -

APPENDIX (I)

FORM OF APPOINTMENT OF BENEFICIARY
(NOMINATION)

The President,

Employees' Group Assurance Scheme.

Dear Sirs,

I _____ a Member of
_____ Employees' Group Assurance Scheme hereby
agree to abide by the Rules of the said Scheme and do also hereby appoint in terms
of Rule 18 of the Rules Beneficiary/ies Nominee/s mentioned hereunder to receive
the benefits, payable under the Scheme, in the event of my death before the amount
become payable has not been paid.

I hereby direct that the benefits under the Scheme, payable in respect of me, shall be
paid to the said Beneficiary/ies Nominee/s in proportion indicated against their
respective names as given below:

Sr.No.	Name in full with full address of Nominee/s/Benefi- ciary/ies	Relationshi p with the Member (Employee)	Age of Nominee/s Benefi- ciary/ies	Proportion by which Assurance Amount (Total benefits) will be shared by each Nominee/Beneficiary
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1.

2.

3.

I hereby certify that the person(s) mentioned hereinabove is/are my
wife/children/lawfully adopted child/dependant parents/husband.

I hereby declare that I have no family and should I acquire family hereafter the
appointment of Beneficiary/Nominee should be deemed as cancelled.

My father/mother/parents/sister('s)/minor brother(s) is/are not dependant on me.

My husband's father/parents is/are not dependent on me.

I also declare that this appointment of Beneficiary/ies/Nominee/s made herein shall have the effect of my revoking the appointment of Beneficiary/ies/Nominee/s made by me earlier.

I give below the particulars about myself:

1. Full Name : _____
2. Sex. _____ 3. Religion : _____
4. Father's Name : _____
5. Husband's Name : _____
(For married woman only)
6. Marital Status : _____
(Whether married, unmarried, widow or widower)
7. Date of birth : _____
8. Address : _____

Signed at _____ this _____
Day of _____, 200

Signature of Member

TWO WITNESSES TO THE SIGNATURE,

1. _____ (Name)
_____ (Address)
_____ (Signature)
2. _____ (Name)
_____ (Address)
_____ (Signature)

Certified that the above appointment of Beneficiary/Nominee has been signed by Shri/Shrimati _____ before me after he/she has read the entries, the entries have been read to him/her by me and that the said appointment of Beneficiary/Nominee is recorded under the scheme on _____

SIGNATURE OF PRESIDENT •

Employees' Group Assurance Scheme.

Place:

Date:

NOTE:

- 1) Where an Employee Member has a family at the time of appointing a Beneficiary/Nominee, the nomination should be made in favor of Member of his family only. Any nomination made by such Employee in favor of any person not belonging to his family shall be invalid.
 - 2) An appointment of Beneficiary/Nominee made by the Member may be changed at any time, after giving the written notice to the Trustees of his intention to do so. If the Nominee predecessor the Member (Employee), the interest of the Nominee shall revert to the Member (Employee) or his estate.
 - 3) The appointment of Beneficiary/Nominee or any change thereof made from time to time shall take effect to the extent it is valid on the date on which it is received by the Trustees.
 - 4) For the purpose of the Scheme, "Family" means Member's (Employee's) spouse, legitimate children/step children, parents, sisters and minor brothers dependent upon him.
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AGENDA NO. 1

Group Insurance scheme, Finalization and its approval

RESOLUTION NO. 1

It was unanimously resolved that the GHAA will be taking the Group Insurance (Term Plan) for the amount of Rs. 5,00,000/- (Five Lakh) per person per annum. The benefits of the said Group Insurance would only be given to the lawyers who are members of the GHAA. The token amount depending upon the number of the year of practice of each lawyer would



be taken for atleast 5 years so as to ascertain that the Group Insurance is provided for atleast for 5 years to each of the lawyers who wish to avail the benefit of the said Group Insurance. It was decided that the Group Insurance would be taken from Life Insurance Corporation (LIC) from whom earlier quotations had been taken from. The following would be the contribution collected from each lawyer who would become eligible for the Group Insurance:

Years of Practice	Contribution Amount (In Rs.)		
	Per Annum	No. of years	Total Amount for 5 years Life Insurance
0 - 5	500	x 5	2500/-
5-10	750	x 5	3750/-
10 & above	1000	x 5	5000/-

The registration of the lawyers along with their contentions would begin from 12th December, 2016 and the last date for receiving filled up applications along with requisite contribution would be 29th December, 2016. If any further time is to be granted for filling up forms and registering for the Group Insurance, the same would be left to the discretion of the President thereafter.