

FORM OF NOMINATION: GP FUND

GPF Account No. _____

I Name _____ Rank _____ No _____ here by nominate the person(s) mentioned below who is /are member (s)/~~non member(s)~~ of my family as defined in Rule 2 of the General Provident Fund (Defence services) Rules 1960 to receive the amount that may stand to my credit in the fund as indicated below, in the event of my death before that amount has become payable or having become payable has not been paid.

Name(s) and full address of nominee(s)	Relation-ship with the subscriber	Age of the nominee (s)	Share Payable to each nominee	Contingencies on the happening of which the nomination will become invalid	Name , Address & relationship of person(s) if any to whom the right of nominee shall pass in the event of his/her predeceasing the subscriber	If the nominee is not a member of the family as provided in Rule 2 indicate the reasons
1	2	3	4	5	6	7

Dated this _____ day of _____ at _____

Place: _____

Date _____

Signature

Name : _____

Rank : _____

P. No : _____

Witnesses Signatures:

1. Name _____ Rank _____ No _____ Signature _____

2. Name _____ Rank _____ No _____ Signature _____

SPACE FOR USE BY THE HEAD OF OFFICE

Nomination dated _____ made by _____ is accepted.

Signature of the Head of Office
Designation _____

Date _____