

225  
109  
22

**RULES-GSLI-SCHEME**  
**FORM-TT**

**FORM OF APPOINTMENT OF BENEFICIARY**  
(To be submitted in duplicate)

I \_\_\_\_\_ an Insured Member of the N.C.E.R.T. Group Savings-Linked Insurance Scheme hereby appointed in terms of Rule No. :13 headed 'Beneficiary' of the Rules governing the Scheme may (relationship) \_\_\_\_\_

Named \_\_\_\_\_ Resident of \_\_\_\_\_  
\_\_\_\_\_ as the person (s) to be the beneficiary (ies) to whom the money payable in terms of Rules of the Scheme shall be paid in the event of my death.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

Signature of the Insured Member

**Witnessed by:**

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