



INDIAN INSTITUTE OF TECHNOLOGY - MADRAS
Chennai 600 036

Group Term Insurance Scheme (Optional)

FORM OF APPOINTMENT OF BENEFICIARY
(To be submitted in Triplicate)

I an Insured Member
of the Indian Institute of Technology Madras, Group Term Insurance Scheme hereby
appoint in terms of the Rules governing the Scheme my (relationship)
..... named.....
and whose address is
.....as the person
to be the beneficiary to whom the moneys payable in terms of the Rules of the
Scheme shall be paid in the event of my death.

Signed at Chennai this day of

Signature of the Insured Member

Name (in Block Letters) :
Designation & Dept. :
ID No. :
Witnessed by :

1. Signature.....
Name
Address
.....
.....

2. Signature.....
Name
Address
.....
.....