FORM-III

LETTER OF ADMISSION AND AUTHORITY

Date: _____

To,

_____

_____

_____

Dear Sir,

Re: Group Savings-Linked Insurance Scheme

I wish to join Group Saving-Linked Insurance Scheme arranged with the Life Insurance Corporation of India and request you to admit me as an Insured Member of the Scheme with effect form _____ . I hereby authorise you to deduct a sum of Rs._____ as contribution towards the scheme from my salary starting from the salary for the month of ___.

I further agree that this letter of authority shall not be revoked by me so long as I am a regular employee. My date of birth, as recorded in _____ Certificate sent herewith, is _____.

.

Yours Faithfully,

(SIGNATURE)

Name: _____

(In Block Letters)

Badge No. or Salary Roll no. or Membership No._____

Designation: _____

Department & Office: _____

FORM – IV

FORM OF APPOINTMENT OF BENEFICIARY

I, _____

An Insured Member of the _____

_____Group Saving-Linked Insurance Scheme hereby appoint in terms of Rule No.13 headed 'Appointment of Beneficiary' 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 _____ this _____day

Of _____199_____.

Signature of Insured Member

Witnessed by :

1) i) Signature _____

ii) Name _____

iii) Address _____

_____

2) i) Signature_____

ii) Name _____

iii) Address _____

_____