

(To be filled in duplicate)



Head Office

**INDIAN FARMERS FERTILISER COOPERATIVE LIMITED
NOMINATION FOR GROUP SUPERANNUATION
PENSION FUND SCHEME**

DECLARATION FOR APPOINTMENT OF BENEFICIARY FOR THE PURPOSE OF PENSION

To,

The Secretary,
IFFCO Employees Group Superannuation Fund Trust,
New Delhi

I, Shri/Smt/Kumari _____ (Name in full)
whose particulars are given in the statement below, hereby appoint the persons mentioned below as my
Beneficiary to receive the Pension amount payable after my death under 'IFFCO Employees Group
Superannuation Scheme including contribution Deposited in my account and amount of life cover taken
under the scheme.

1. Name (in full) _____ Personal No. _____
2. Father/Husband's Name Shri _____
3. Date of Birth _____ Sex _____ Religion _____
4. Marital Status _____
(Whether bachelor, sponister, married, widown/widower)
5. Post Held _____, Grade _____
Date of Appointment _____ Deptt./Section _____ Unit _____
6. Permanent Address _____

STATEMENT FOR APPOINTMENT OF BENEFICIARY

SN	Name in full with address	Relationship with the employee	Age of the Beneficiary
1			

However, if any of the above mentioned nominee also die, then in such an event, my Alternate Beneficiary -

STATEMENT OF ALTERNATE BENEFICIARY(S)

SN	Name in full with address	Relationship with the employee	Age of the Beneficiary
1			

Place:- _____
Date: _____

(Signature/Thumb Impression of Employee)



DECLARATION BY WITNESSES

Appointment of Beneficiary(s) signed before me:

WITNESS - I

Signature.....
Full Name.....
Address.....
.....
.....

WITNESS - II

Signature.....
Full Name.....
Address.....
.....
.....

CERTIFICATE BY THE EMPLOYER

Certified that the particulars of the above nomination have been verified and recorded.

.....
Signature of the Officer Authorised

Name.....

Designation.....

Unit/Divn.....

Rubber Stamp.....

Date.....

ACKNOWLEDGEMENT BY THE EMPLOYEE

Received the duplicate copy of this nomination duly certified.

Signature.....

Name.....

P.No.....

Designation.....

Unit/Divn.....

Place: _____

Date: _____

NOTE: Strike out the words/paragraphs not applicable