



भारतीय जीवन बीमा निगम
Life Insurance Corporation of India

(To be retained by the Employer)
LETTER OF ADMISSION AND AUTHORITY

(Employer)

Date _____

Dear Sir,

Re: GROUP SAVINGS LINKED INSURANCE SCHEME

I wish to join the Group Savings Linked Insurance Scheme arranged with the Life Insurance Corporation of India and request you to admit me as insured member. I hereby authorise to deduct a sum of Rs _____, as contribution towards the scheme from my salary starting from 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 _____
Designation _____
Place of Posting _____

FORM OF APPOINTMENT OF BENEFICIARY

I _____ an insured member of the _____ Group Savings Linked Insurance Scheme hereby appoint in terms of Rule No. 13 headed 'Appintment 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 Rule of the scheme shall be paid in the event of my death.

Signed at _____ this _____ day of _____ 19 _____

Witness by

Signature of insured member

- 1. i) Signature :
- ii) Name :
- iii) Address :

- 2. i) Signature :
- ii) Name :
- iii) Address :