PRUDENT PLUS

Nomination Form

Employee name: _____ Employee Number: _____Organization: _____

S. No	Nominee	Nominee Relationship	Nominee DOB	Nominee Gender	Share%	Guardian Name	Guardian Relationship to nominee
1							
2							

I confirm that the information provided above is accurate to the best of my knowledge and can be used as the basis for the distribution of claims payout if any, in the event of my death.

Date: _____

Signature: _____

Next Important steps to complete nomination

1) Take print of the form.

2) Sign on the printed form.

3) Scan and Upload signed form by clicking "upload form" button (File format: jpg, jpeg, pdf)

4) Nomination Form should be uploaded within 7 days after declaration in the system. After 7 days it will consider as invalid declaration.