

**FORM OF APPOINTMENT OF BENEFICIARY UNDER THE RULES OF
BSNL Employees Superannuation Pension Scheme**

I, _____ a member of BSNL Employees Superannuation Pension Scheme, hereby appoint in terms of the Rules headed "APPOINTMENT OF BENEFICIARY" in the Rules governing the Scheme my (Relationship) _____ named _____ aged _____ years and whose address is _____
_____ as the person to whom the moneys payable under the Rules of the Scheme shall be paid in the event of my death.

Signed at _____ this _____ day of _____ 20 _____

SIGNATURE OF MEMBER

Name:

HRMS No.:

Address Office:

Address Residential:

WITNESS BY :

1. Signature : _____

2. Name : _____

3. Address : _____