**Form V**

**NOMINATION FOR BENEFITS UNDER THE CENTRAL GOVERNMENT EMPLOYEES G.P.F. SCHEME**

 When the Government servant has a family and wishes to nominate one person or more than one member thereof

I, hereby nominate the person(s) mentioned below, who is/are member(s) of my family, and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Central Government under the Central Government Employee's G.P.F. Scheme, in the event of my death while in service of which having become payable on my attaining the age of 60 years may remain unpaid at my death.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name(s) and address(es) nominee/ nominees | Relationship with Government Servant | Age | \*Share to be paid to each | Contingencies on the happening of which the nomination shall become invalid | Name, address and relationship of the person, if any, to whom the right of the nominee shall pass in the event of his predeceasing the Government Servant |
|  |  |  |  |  |  |

N.B. :- The Government servant should draw lines across the blank space below his last entry to prevent the insertion of any names after he has signed.

Dated this .................. day of ...................... 20....... at....................................

Signature of two witnessess :

1.

2.

**Signature of**

**Government servant**

**Form V**

**NOMINATION FOR BENEFITS UNDER THE CENTRAL GOVERNMENT EMPLOYEES INSURANCE SCHEME**

 When the Government servant has a family and wishes to nominate one person or more than one member thereof

I, hereby nominate the person(s) mentioned below, who is/are member(s) of my family, and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Central Government under the Central Government Employee's Insurance Scheme, in the event of my death while in service of which having become payable on my attaining the age of 58 years may remain unpaid at my death.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name(s) and address(es) nominee/ nominees | Relationship with Government Servant | Age | \*Share to be paid to each | Contingencies on the happening of which the nomination shall become invalid | Name, address and relationship of the person, if any, to whom the right of the nominee shall pass in the event of his predeceasing the Government Servant |
|  |  |  |  |  |  |

N.B. :- The Government servant should draw lines across the blank space below his last entry to prevent the insertion of any names after he has signed.

Dated this .................. day of ...................... 20....... at....................................

Signature of two witnessess :

1.

2.

**Signature of**

**Government servant**