

**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 : \_\_\_\_\_