(To be submitted through the Head of the Branch/Office/ Department)

Forwarded to S. P. F. Deptt. H. O.

NOMINATION FORM

UNITED BANK OF INDIA

STAFF PROVIDENT FUND

(Use office seal with designation)

I hereby direct that the amount at my credit in United Bank of India Staff Provident Fund A/c. No.....at the time of my death shall be distributed among the members of my family mentioned below in the manner shown against their names.

S. P. F. No.

Sl. No. (1)	Name/s and Residential address of the Nominee/s (2)	Relationship with the subscriber (3)	Age of the Nominee/s (4)	Amount of share of Accumulation in terms of percentage (5)

In case where nominee is a minor

I appoint Sri/Smt .....to whom the amount of share of accumulation is to be paid on behalf of the minor nominee/s in the event of my death before the minor nominee attains majority.

Full Name of the subscriber (in Block Letters).....

Full Name of witness .....

Signature of witness.....

Full Signature of the Subscriber

Address.....

S. P. F. A/c. No.....Date.....

.....

Branch/Office/Deptt .....

Specimen Signature/s of the nominee/s who is/are major or of the person appointed to whom the amount to be paid on behalf of the minor nominees

Sri/Smt.....

Signs as.....

Sri/Smt.....

Signs as .....

Sri/Smt.....

Signs as.....

IMPORTANT : All the columns must be filled up

Sri/Smt. _____

Date _____

UNITED BANK OF INDIA

_____ Branch / Office / Deptt.

_____

Dear Sir / Madam,

S. P. F. A/c. No._____

According to your desire, we have registered the name/s of _____

_____ as your, nominee(s) to receive payment of your Provident Fund dues in the event of your death during service or before discharge of your Claim.

Yours faithfully,

Chief Manager, SPF Deptt.