

## FORM : 5

# FORM OF NOMINATION FOR RECEIVING PENSIONARY BENEFITS

The Trustees,  
SBM Employees' Pension Fund,  
C/o. State Bank of India  
VBU, Bangalore - 560009.

NAME:  
Employee No. :

Dear Sir,

In terms of regulation 51 of the State Bank of Mysore (Employees') Pension Regulation 1995, I request you kindly to note and register the following nomination of mine in regard to the payment of any pensionary benefits when it becomes due and to pay the amounts to the nominee/s in the event of my death in accordance with my nomination as per directions given hereunder. This nomination will be in force until revoked by me in writing or varied by subsequent nomination/s and communicated to you. I agree that payment to the nominee/s in accordance with the directions contained in this letter of nomination shall be a valid discharge and it shall be binding on me and my heirs and representatives. If the nominee is a minor, his/her date of birth and relationship is furnished, hereunder.

Name (in capital) & address of the nominee/s to whom the payments of the amount at credit in my pension is to be made	Relationship of the nominee/s to the member	Present age of the nominee	Amount of share of pension payable

I hereby agree that acceptance of this nomination or application for pensionary benefits does not cast any obligation on the part of the bank.

I also agree that the nomination made herein shall be according to the rules and regulations prescribed thereof by the bank. If this nomination is not in accordance with the rules and regulations, either at the time of making such nomination or subsequently, the bank may in its absolute discretion give effect to such rule / regulation, not withstanding this nomination.

Witness (with name & address)

Yours faithfully

1. ....

.....

(Signature)

.....

2. ....

Name .....

.....

Branch .....

(Signature Attested)  
Branch Manager / Head of Dept.  
with Seal