

INSTITUTE OF COST AND MANAGEMENT ACCOUNTANTS OF PAKISTAN

FORM A-1
GROUP INSURANCE FOR ICMAP MEMBERS

(Form of the nomination when subscriber has **a family** and wishes to nominate one or more than one member therefore.)

For Office purposes: Index. No.....
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I hereby nominate the persons mentioned below, who is / are member(s) of my family as per law, to receive the amount that may be payable to the nominees in the event of my death / disability / accident occurring before the amount has become payable or has been paid, and direct that the said amount shall be distributed among the said persons in the manner shown below against their respective names:

Name and address of the Nominee or nominees	Relationship with the subscriber	Age of the nominee	Amount or share of Group Insurance *

Signed dated this _____ day of _____ 200__
at _____ (Place).

Two witnesses to signature:

1. _____ Signature _____
Name in block letters _____

2. _____
Membership No. _____

Note: This column should be filled in so as to cover the whole amount (100%) that may stand payable to the nominees in the event of death of subscriber.