

**INSTITUTE OF COST AND MANAGEMENT ACCOUNTANTS OF PAKISTAN**

**FORM A-2**  
**GROUP INSURANCE FOR ICMAP MEMBERS**

(Form of the nomination when subscriber has **no family** and wishes to nominate one or more than one person.)

For Office purposes:  Index. No.....
--

I have no family as per law, hereby nominate the person(s) mentioned below, 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. It is understood that should acquire a family at a later date, this nomination will automatically stand revoked on the basis of a fresh nomination:

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.