



NOMINATION FORM FOR RETIREMENT BENEFITS

I, Mr/Ms.....bearing Bhutanese Citizenship ID No.
 From Dzongkhag].....[Gewog].....[village].....,
 Employee ID No..... hereby solemnly nominate the following individuals to receive the retirement benefits (**Gratuity, Group Insurance Scheme, and Group Term Insurance**) payable to the undersigned in the event of my demise. I authorize no other individuals, regardless of their relationship with me than those who are exclusively mentioned in this form.

| <i>Nominee(s)</i> | <i>Relationship</i> | <i>CID No.</i> | <i>Payable Share (%)</i> |
|-------------------|---------------------|----------------|--------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

***Note:** Attach CID copies of the Nominees.*

Signature of the Employee:

Signature of the Witness:

VERIFIED AND APPROVED BY THE EMPLOYER

(Signature)
HR Manager

(Signature)
General Manager, HRAD