

**"FORM NO. XXVIII  
NOMINATION FORM  
(See Rule 272(7))**

I nominate the following person/persons as rightful dependents to receive all the dues from the fund on my behalf and in the event of my death, as rightful heirs to receive all benefits due to me.

Name and address of Nominee/Nominees	Relationship with Member	Age of Nominee	Amount to be given to each Nominee

Place:

Date:

Name, Address & Registration No. of the worker