



**STATE BANK OF INDIA**  
 Deposit Section  
 Tel: 312-621-1200, ext 252,253 Fax: 312-701-0232;  
 Member FDIC

*(For office use)*  
 Received on:  
 (mm/dd/yyyy):

<b>DESIGNATION OF BENEFICIARY(IES)</b>					
<b>ACCOUNT NO. 777</b>		I / we wish to designate beneficiary (ies) as mentioned below for my/our account.			
<p><i>Enter below Name, Relationship, Percentage, Social Security Number, Date of Birth and address for EACH beneficiary you list. The total percentage of all primary beneficiaries must be equal to 100%. If no percentage is indicated, all funds will be distributed in equal shares to the beneficiaries.</i></p>					
	<b>1st Primary Beneficiary</b>	<b>2nd Primary Beneficiary (Optional)</b>	<b>3rd Primary Beneficiary (Optional)</b>	<b>4th Primary Beneficiary (Optional)</b>	<b>Contingent Beneficiary (If primary beneficiary (ies)dies) (Optional)</b>
<b>NAME</b>					
<b>Relationship</b>					
<b>% share</b>					
<b>SSN*</b>					
<b>Date of Birth</b>					
<b>Address</b>					
<p>In the event of my death or death of both or all of us, distribute the balance of the account(s) with the above customer number or any or all accounts that result from rollover of those account(s),to the above primary beneficiary or beneficiaries. I/We understand that the Bank is expressly relying on the information contained herein, and that I/We intend the Bank to rely thereon. A new beneficiary form must be created if the account number is changed. The Bank, therefore, shall have no liability or responsibility whatsoever, for any claims arising from the Bank's actions hereunder, and the Bank shall be fully indemnified for any and all losses, damages, costs, etc. This Release and Indemnity shall be binding and shall supersede any provision made or relating to my/our respective Estate(s) as well. I / We understand that this Designation of Beneficiary will be effective on the date State Bank of India receives all relevant information required by this form and will supersede any previous Designation of Beneficiary that I / We might have made. I / We have the right to change this designation of beneficiary and to designate a new beneficiary at any time by writing to State Bank of India, Chicago Branch.</p>					
<b>SIGNATURES &amp; NAMES:</b>					
	<b>1st APPLICANT</b>	<b>2nd APPLICANT</b>	<b>3rd APPLICANT</b>	<b>4th APPLICANT</b>	
<i>Signature:</i>					
<i>Name:</i>					
<i>Date:</i>			<i>Place:</i>		

*\*(for non-US residents- Passport number may be provided)*