



STATE BANK OF INDIA

Deposit Section
460 Park Avenue, 2nd Floor
New York, NY 10022

Form DoB

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

Member FDIC

Tel: 212-521-3282,3283,3285,3286,3287. Fax: 212-521-3361; E-mail: mgrdep.nyb@statebank.com

DESIGNATION OF BENEFICIARY(IES)			
Customer No.			I / we wish to designate beneficiary(ies) as mentioned below for all my/our accounts with this customer number.
<i>Enter below Name, Relationship, Percentage, Social Security Number, Date of Birth and Address for EACH beneficiary you list. The total percentage for all primary beneficiaries must equal 100%. If no percentage is indicated, all funds will be distributed in equal shares to the beneficiaries.</i>			
	1st Primary Beneficiary	2nd Primary Beneficiary <small>[optional]</small>	Contingent Beneficiary <small>(if primary beneficiary (ies) die(s)) [optional]</small>
Name			
Relationship			
% share			
SSN*			
Date of Birth			
Address			
<p>In the event of the 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 roll-over 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. 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 on my/our respective Estates as well.</p> <p>I / We understand that this Designation of Beneficiary will be effective on the date of receipt by State Bank of India 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, New York Branch.</p>			
Signatures & Names:			
	1 st Applicant	2 nd Applicant	3 rd Applicant
<i>Signature:</i>			
<i>Name:</i>			
<i>Date:</i>			<i>Place:</i>

* (For non-U.S. residents -- Passport No.)