

FORM-N  
(LETTER OF AUTHORITY FOR PAYMENT OF ANNUITY)

The Manager (P&GS)  
LIC of India, Delhi Divisional Office-1  
Jeevan Prakash, 6<sup>th</sup>, 7<sup>th</sup> Floor,  
25, K. G. Marg, New Delhi – 110 001

Dear Sir,

Re: Master Policy GSCA/ - **342584/103009890/ Annuity No.....**

We hereby direct, authorize & empower you to pay on our behalf as our agent to the under mentioned members, who have left or retired from service, the respective pension amounts shown against their names in the list below after deduction of Income Tax and other taxes & duties, particulars of which have also been given in the list.

Membership No.	Name & Address of the <b>Employee/</b> Member	Due date of pension	Amount of Pension	I Tax net deduction if any	Net amount payable
Annuity No.					

We likewise direct, authorize & empower you to pay on our behalf as our agent to the under mentioned beneficiaries of deceased member the pension payments shown against their names in the list below after deduction of Income Tax and other taxes & duties, particulars of which have also been given in the list.

Master Pol. Sr. No.	Name & Address of the beneficiary ( <b>Nominee</b> , in case of (V) option alternate nominee)	Due date of pension	Amount of Pension	Income Tax net deduction if any	Net amount payable

We hereby admit and acknowledge that the above mentioned payments which shall be made by you shall be in full settlement of payments due to us and we hereby declare that receipts signed by the payee shall be sufficient, valid and legal discharge to you for the respective payments made to them and shall be fully binding on us as if the payments had been made to us and the receipts signed by us.

Date:

Place:

Yours Faithfully,

(Signature of the beneficiary)

(Signature of the Trustees)

For Self and on Behalf of the Co-Trustee  
Of Superannuation Fund

**Encl.: Death certificate original of pensioner, Aadhar/PAN of nominee must be self-certified and nominee's cancelled Cheque. (ROC claim form to be submitted through HR department to Kribhco emp superannuation pension fund trust)**

**ELECTRONIC MODE APPLICATION FORM**

To  
The P&GS Unit  
Delhi Office  
Sub: Mandate for Electronic Mode  
Sir,

I/We give below the details required for payment through Electronic Mode. (Please ✓ appropriate item)

- (1) Master Policy No./Annuity No.: 342584/103009890/Annuity No.....
- (2) Name of the Annuitant/pensioner :
- (3) Name of nominee :
- (4) Bank Name :
- (5) Bank Address :
- (6) Account Type : **Savings**  
Savings/Current/Cash Credit
- (7) Nominee's Account No. 

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- (8) IFSC Code of the Bank: 

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- (9) MICR Code of the Bank: 

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- (10) Contact No. 

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- (11) E-Mail Id:

Kindly transfer amount due under the above Master Policy / Annuity  
The following documents are enclosed as required (Please mark appropriate item)

- (A) Cancelled cheque leaf
- (B) Photo copy of the first page of Bank pass book containing details  
(if cheque is not having the name of account holder)

\_\_\_\_\_  
**Signature of the nominee**

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**Date :**

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**FOR OFFICE USE ONLY:**

- 1) Name & SR No. of the Person Entering the data :
- 2) Date of Entry :
- 3) Name & SR No. of the Person Validating :
- 4) Date of Validation :
- 5) Mandate Number :

# LIFE Insurance Corporation of India

Delhi Divisional Office-1, Jeevan Prakash, 6<sup>th</sup>, 7<sup>th</sup> Floor, 25, K. G. Marg, New Delhi – 110 001

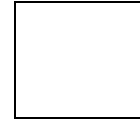
## DISCHARGE RECEIPT

Received a sum of Rupees \_\_\_\_\_ (Rupees \_\_\_\_\_  
\_\_\_\_\_ ) from the LIFE Insurance Corporation of India  
in full and final Settlement of all our claims and demands in respect of ..... Shri  
Assurance No.....under Master Policy No. **342584/ 103009890/Annuity**  
**No.....who left services/retired/ expired** from the services of KRIBHCO on  
\_\_\_\_\_.

**Place:**

**Date:**

Signature of the member/beneficiary



Name and address of the member/beneficiary

Witness:

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Signature of the Trustee \_\_\_\_\_

Name and address of the Trustee