

(Application for pension on retirement of leaving the Services of Employer)

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

Employee's  
Passport size  
photo

Dear Sir,

Re: Master Policy No. GSCA/**342584/103009890/PNO....**

We are enclosing herewith claim papers Form C, Form N and two discharge receipts duly signed by member and one of our existing trustees. The revenue stamp is duly affixed on discharge receipts. The particulars of members are given hereunder:

1.	Name of Employee	:	
2.	LIC ID	:	<b>342584/103009890/PNo...</b>
3.	Name of Spouse	:	
4.	Date of Birth of Spouse	:	
5.	Address at which pension payment is to be made( <b>with PIN</b> )	:	
6.	Date of Appointment	:	
7.	Date of entry into the Scheme	:	01.10.2012
8.	Date of exit (Leaving)	:	
9.	Mode of exit (Specify)	:	
10.	Date of Birth of Employee	:	
11.	<u>Option to choose pension</u>	:	

(i)	Life pension ceasing at death. No purchase price shall be paid on death to beneficiary. No guaranteed payments.
(ii)	Life pension with guaranteed payments for 5 / 10 / 15 / 20 years. No purchase price shall be paid on death or at end of 5 / 10 /15/20 years guarantee. On survival to guaranteed payments pension shall be continued to be payable till life. (Please specify period)
(iii)	Life pension ceasing at death of member with return of capital (purchase price) to beneficiary along with group pension terminal bonus declared by LIC.
(iv)	Joint Life and last survivor pensions to member and his/her spouse (without any guaranteed payments as in case of 1).
(v)	Joint Life and last survivor pension to member and his / her spouse with return of purchase price on death of last survivor along with group pension terminal bonus declared by LIC.

12. Mode of payment of pension (specify) : MLY/QLY / HLY / YLY

13. State whether member wants commutation of pension as per prevalent Income Tax Rules: (yes/no)

(Please note that at present member can commute maximum to  $\frac{1}{3}$  (33.33%). This proportion price may range maximum up to  $\frac{1}{2}$  (50%) if member is not eligible to get gratuity.

14. Do you want to transfer your annuity servicing to your nearest LIC Div. Office specify area \_\_\_\_\_.

15. Remittance particulars after Last Schedule (Please attach separate sheet).

16. ECS/NEFT .....

Yours faithfully,

\_\_\_\_\_  
(Signature of the member)

(Signature of Trustee)

Encl.: Photo/PAN/Aadhar of member & spouse/nominee must be self-certified and member's cancelled Cheque.

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/PNo.....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/P 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
P No.					

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 Annuitant)

(Signature of the Trustees)  
For Self and on Behalf of the Co-Trustee  
Of Superannuation Fund

**P & GS MANDATE**

**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/PNo...**

(2) Name of the Employee/Policy holder / Annuitant :

(3) Name of beneficiary :

(4) Bank Name :

(5) Bank Address :

(6) Account Type : **Savings**  
Savings/Current/Cash Credit

(7) 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.

+	9	1																	
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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 member**

**Date :**

**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 :

**KRISHAK BHARATI COOPERATIVE LIMITED  
(HUMAN RESOURCE DEPTT.)**

**FORM OF APPOINTMENT OF FURTHER APPOINTMENT OF BENEFICIARY UNDER  
THE RULES OF KRIBHCO EMPLOYEES SUPERANNUATION (PENSION) SCHEME**

I, Mrs./Mr. \_\_\_\_\_ Wife of/ Son of Smt./Shri  
\_\_\_\_\_, P. No. \_\_\_\_\_, a member  
of KRIBHCO EMPLOYEES SUPERANNUATION (PENSION) FUND TRUST, hereby appoint in terms of the  
Rules headed "APPOINTMENT OF BENEFICIARY" in the Rules governing i.e. As "The Scheme" person  
to whom the money payable under the Rules of the scheme shall be paid in the event of my death.  
The details of beneficiary as follows:-

1. Particulars of the nominee (s):-

S No	Name & Address of the beneficiary(s) (In capital letter)	Date of birth	Relationship	% of benefits	Signature of beneficiary
1.					

2. Particulars of alternate nominee (s):-

S No	Name & Address of the beneficiary(s) (In capital letter)	Date of birth	Relationship	% of benefits	Signature of beneficiary
1.					
2.					

Signed at \_\_\_\_\_ on dated \_\_\_\_\_

(Signature of the member)

(Name of the member)

P No.

Mob No.

We hereby note and confirm the above appointment of beneficiary.

TRUSTEES  
(SIGNATURE & SEAL)

Encl.: Photo/PAN/Aadhar of member's nominee and alternate nominees with must self attested)

# 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

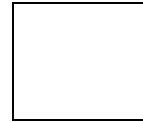
## DISCHARGE RECEIPT

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