#### (c) (Application for pension)

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	:	342584/103009890/PNo	
3.	Name of Spouse	:		
4.	Date of Birth of Spouse	:		
5.	Address at which pension	:		
	payment is to be made(with			
	PIN)			
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.	Option to choose pension	:		
(i)		No pu	rchase price shall be paid on death to beneficiary. No	
	guaranteed payments.			
(ii)		•	ts for 5 / 10 / 15 / 20 years. No purchase price shall be	
	1 -		/15/20 years guarantee. On survival to guaranteed	
()			to be payable till life. (Please specify period)	
(iii)			per with return of capital (purchase price) to beneficiary	
<i>'</i> . \	along with group pension term			
(iv)	•	sions to	o member and his/her spouse (without any guaranteed	
	payments as in case of 1).	<u> </u>		
(v)	-		member and his / her spouse with return of purchase	
12	•		vith group pension terminal bonus declared by LIC.	
12.	Mode of payment of pension (sp			. \
13.			ation of pension as per prevalent Income Tax Rules: (yes/no	
			an commute maximum to $\frac{1}{3}$ (33.33%). This proportion properties not elicible to get gratuity.	rice
14.		-	nember is not eligible to get gratuity.  ervicing to your nearest LIC Div. Office specify area	
14. 15.			ule (Please attach separate sheet).	
15. 16.	ECS/NEFT		ule (Flease attach separate sheet).	
10.	LC3/INLI I	••••••	Yours faithfu	ıllv
			Tours faithful	411 <b>y</b> ,
			(Signature of the memb	 ber)
(Signa	ature of Trustee)			

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

The Executive Secretary, KRIBHCO Employees Superannuation Pension Scheme, KRIBHCO, NOIDA

**Subject: Annuity Options** 

Dear Sir,		
My husband/wife Smt./Shr	i	expired on
	th, I would like to opt pension ion Scheme i.e. Revised Annui nder:-	• •
Annuity or life		
OR		
2. Annuity for life with	return of capital (ROC)	
	Form of Appoint of BeneficiarySmt./Shri/Km/Kr	_
	o receive benefit under the schem	
Signature	:	
Name	:	
Wife/Husband of Shri/Smt	:	
P. No.	:	

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

# FORM OF APPOINTMENT OF FURTHER APPOINTMENT OF BENEFICIARY UNDER THE RULES OF KRIBHCO EMPLOYEES PUPERANNUATION (PENSION) SCHEME

I, Mrs.	/Mr						f Smt./Shri
							nber of KRIBHCO
	DYEES SUPERANNUATIO			-			
	NTMENT OF BENEFICIAR	_	_				
payab follow	le under the Rules of the	e scheme shall be pa	aid in th	e event	of my death	. The deta	ils of beneficiary a
S No	Name & Address of th	e beneficiary(s)	Date o	f birth	Relationship	% of	Signature of
	(In capital le					benefits	beneficiary
Signe	ed at	on dated					
Olgilio	, a at	011 datod					
		Signa	ture				
		Cana	£ // // !: £ ~	-4			
		Son o	f/Wife	OT			
		P. No					
Witne	essed by						
4 0:			0	0:			
1 Si	gnature		_ 2	Signatu	ure		
Na	ame		_	Name			
Δ.	l dua a a			ا ـ الم	_		
AC	ddress		_	Addres			
			_				

### P & GS MANDATE

### **ELECTRONIC MODE APPLICATION FORM**

	P&GS Unit Office Sub: <b>Ma</b>	ındat	e foi	· Ele	ctro	onic	: M	ode	2											
Sir,									-											
I/We	give below the details required for par	ymen	it thr	oug	h E	lect	ron	ic I	Mod	de.	(P	lea	se	 ap	pr	орі	riate	e ite	em	)
(1)	Master Policy No./Annuity No.:	342	584/	103	009	890	)/P	No	•••											
(2) (3) (4)	Name of the Employee/Policy holder / Annuitant Name of beneficiary: Bank Name:	:																		
(5)	Bank Address:																			
(6)	Account Type: Savings/Current/Cash Credit	Savi	ngs																	
(7)	Account No.																			
(8)	IFSC Code of the Bank:																			
(9)	MICR Code of the Bank:																			
(10)	Contact No.	+	9	1																
(11)	E-Mail Id:																			
	y transfer amount due under the abov ollowing documents are enclosed as re				-			-	opri	ate	e ito	em	)							
(A)	Cancelled cheque leaf																			
(B)	Photo copy of the first page of Bank (if cheque is not having the name o						ng c	leta	ails											
Signature of the member																				
_	Oate : OR OFFICE USE ONLY:																			
1	•	ring t	he d	ata			:													
2 3	•	lating	7	:	:															
4			•	:	:		•													
5	Mandate Number			:	:															

To enable us the to consider the claim process, kindly submit the following requirements through HR department:

S No.	Name of Document							
1	Annuity Option Form							
2	Further Appointment of Beneficiary Form							
3	Nomination "FORM-B" under KRIBHCO Employees Superannuation Pension Scheme.							
4	Original death certificate							
5	Aadhar & PAN of nominee and further appointed nominee self certified and both persons pp photo							
6	Electronic clearance System (ECS) form							
7	Original Cancelled cheque							