

TATA CONSULTANCY SERVICES EMPLOYEES' SUPERANNUATION SCHEME  
MASTER POLICY NO GSCA/706007116

TO: LIFE INSURANCE CORPORATION OF INDIA  
P&GS DEPARTMENT/MDO I  
YOGAKSHEMA, 4TH FLOOR, EAST WING  
MUMBAI 400 021

**INTIMATION OF RETIREMENT/DEATH/LEAVING SERVICE**

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1. Name of Member : \_\_\_\_\_
2. (a) LIC Membership Number : \_\_\_\_\_
- (b) Salary Roll No./ Identity No : \_\_\_\_\_
3. Date of Birth : \_\_\_\_\_
4. Date of Exit : \_\_\_\_\_
5. (a) Cause of Exit : \_\_\_\_\_
- (b) In case of Death, cause of death  
(Death Certificate to be attached) : \_\_\_\_\_
- 6 (a) Final Contribution, if any, on  
Cessation of service (compulsory) : \_\_\_\_\_
7. Whether Option to commute part of  
Pension exercised or not? (Tick  
Appropriate column) : YES NO
8. If the answer is YES, what Proportion?  
(Tick applicable Column) : 1/3 1/2 (Date of Joining if 1/2 )  
\_\_\_\_\_
9. Type of Pension Option elected  
(Tick appropriate option) :
1. Life pension
  2. Pension guaranteed for 5 yrs + life
  3. Pension guaranteed for 10 yrs + life
  4. Pension guaranteed for 15 yrs + life
  5. Pension guaranteed for 20 yrs + life
  6. Life pension with return of corpus
  7. Life pension increasing at simple rate of 3% p.a
  8. Joint life pension with 100% of annuity payable to spouse on death of annuitant
  9. Joint life pension with 50% of annuity payable to spouse on death of annuitant
  10. Joint life with 100% of annuity payable to spouse on death of annuitant; and return of purchase price to nominee on death of spouse.

If Joint Life Pension – Name of Spouse - \_\_\_\_\_ (Compulsory for Point no 8, 9 & 10)  
Date of birth of Spouse with DOB Proof \_\_\_\_\_

10. Mode of annuity: Mly / Qly / Hly / Yly

11. In case Pension is Immediate, particulars  
of Member or Beneficiary :

(i) Your Residential Address with PIN  
No, Dist./Taluka/State

(ii) If pension to Beneficiary Name and  
Date of Birth of the Beneficiary :

(iii) 2 Specimen Signatures of Member & Beneficiary :

(iv) Name, Address of Bank and Account  
No. to which Pension is to be credited:

(v) Whether docket to be transferred to nearest servicing unit to your correspondence address Y / N ?  
if 'Y' which

(vi) Your Telephone No (with STD Code)  
& E mail ID for effective communication  
Purpose:

(T) E mail:

For Self and Co Trustees of Superannuation Scheme

Signature:

TRUSTEE

Note : It is very important that Appropriate Answers are given specifically under Item Nos. 6,7 & 8,  
Without which the settlement will not be possible.



भारतीय जीवन बीमा निगम  
**Life Insurance Corporation of India**

Established by the Life Insurance Corporation Act, 1956  
Bombay Divisional Office, Group & Superannuation Department

**PENSION CLAIM FORM  
SECTION I**

To be completed by Annuitant

To  
Life Insurance Corporation of India,  
P&GS Department, 4th Floor, East Wing,  
“Yogakshema”, J.B. Marg

**Mumbai – 400 021**

I, Shri / Smt. \_\_\_\_\_ opt for payment of Pension for \_\_\_\_\_  
years certain and life thereafter / Only Life/ROC, with/without commutation.

I request you to credit future Instalment of Pension directly to my Type of Bank A/c \_\_\_\_\_  
Bank A/c No \_\_\_\_\_ in the Bank \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

IFSC Code : \_\_\_\_\_

PAN No. : \_\_\_\_\_

(Note : Please enclose photocopy of PAN card & cancelled Cheque leaflet, compulsory)

My Address for Correspondence

\_\_\_\_\_  
\_\_\_\_\_

(Signature of Annuitant)

Date: \_\_\_\_\_

\_\_\_\_\_

## SECTION II

(To be completed by Annuitant)

I, Shri/Smt. \_\_\_\_\_received from the Life Insurance Corporation of India the sum of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) in full satisfaction and discharge of my under mentioned claims and demand under the Master Policy No. GSCA/

Commuted Value Rs. \_\_\_\_

Yly/ H.Yly/ Qly/ Mly Instalment pension due Rs.   /-

Total Rs.   /-

Revenue Stamp  
Of Rs. 1/-

Witness: \_\_\_\_\_

Address: \_\_\_\_\_

Place & Date \_\_\_\_\_

(Signature of Annuitant)

### SECTION III

To be completed by Trustees

Life Insurance Corporation of India,  
P&GS Department, 4th Floor, East Wing,  
“Yogakshema”, J.B. Marg,

**Mumbai – 400 022**

Dear Sir,

We hereby direct, authorise and empower you to pay on our behalf to Shri / Smt \_\_\_\_\_ the Pension amount as per option elected by him/her above after deduction of Income Tax and other Taxes and duties as given below:

Commuted Value (C.V.) of Rs. \_\_\_\_\_

Total Pension Instalments due \_\_\_\_\_ to \_\_\_\_\_ (i.e during the current financial year)

TOTAL AMOUNT (Rs.)	Less Income Tax & Other Duties (Rs.)	Net Amount Payable (Rs.)
(C. V.) – I Tax slab % compulsory, if any		
(Pension) – I Tax slab % compulsory, if any		

PAN No. & photo-state copy of PAN card (compulsory) \_\_\_\_\_

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

- N. B. 1) If NO TAX is to be deducted against any above A/c, please write “NIL”  
2) Please specify the tax to be deducted against each head of account separately.

Place: \_\_\_\_\_

Date : \_\_\_\_\_

(Signature of Trustees)

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section IV**

( To be completed by the Annuitants and witnessed by the Trustees)

**NOMINATION**

I ,Shri/Smt \_\_\_\_\_ a member of the TATA  
CONSULTANCY SERVICES Superannuation Scheme, hereby nominate(s)

(1) Shri/Smt \_\_\_\_\_ aged \_\_\_\_\_ yrs, relation \_\_\_\_\_ share \_\_\_\_\_

(2) Shri/Smt \_\_\_\_\_ aged \_\_\_\_\_ yrs, relation \_\_\_\_\_ share \_\_\_\_\_

to receive the Pension in the event of my death during the guaranteed period as per the rules of the scheme/the Pension Corpus on my death. I further agree and declare that upon such payment, the Corporation will be discharged of all liability in this respect under the Master Policy No. GS (CA)

(If the Nominee is minor, name & address of natural guardian is obligatory)

Name & Address of Natural guardian

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Signature of Annuitant

Witness: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Signature of the Nominee

Place : \_\_\_\_\_

Date : \_\_\_\_\_

**TO  
LIC OF INDIA  
P&GS UNIT – G706 MUMBAI**

**SUB ; RECEIPT OF POLICY PAYEMENT THROUGH ECS/NEFT**

- (1) Master policy no./ Annuity no. \_\_\_\_\_
- (2) Type of scheme GI/GGCA/GSCA/ VRS/ IMAN/ EPS \_\_\_\_\_
- (3) Name of policy holder/claimant: \_\_\_\_\_
- (4) Bank Name: \_\_\_\_\_
- (5) Bank's branch name: \_\_\_\_\_
- (6) Account Type : Saving/Current/Cash Credit/NRI \_\_\_\_\_
- (7) Account no. \_\_\_\_\_

[illegible]

(8) IFSC Code:

[illegible]

(9) Mobile Number +91\_\_\_\_\_

(10)E-mail id \_\_\_\_\_

(11) Are you willing to receive SMS/E-mail on matters related to your LIC policies:

Yes	No
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(12)PAN No:

[illegible]

I have enclosed the following document to this effect. ( Please X appropriate item)

- B. If cheque is not having the name of the bank holder then photo copy of the page of Bank pass book containing details of Bank accounts number, IFS Code.

(Signature of the Master/ Policy holder)

Date:

( In case of change in Bank details, please fill this mandate form again and submit the same to our Branch office)

- If your answer to Q no.9 is "Yes' Then we will be able to send you a message when LIC transfers money to our Account through ECS/NEFT. This message will contain the UTR which can be used to make any enquiry regarding the payment.