

(Name of the Trustee) COGNIZANT TECHNOLOGY SOLUTIONS INDIA PVT. LTD.,
SUPERANNUATION SCHEME
(APPLICATION FOR CLAIMING SUPERANNUATION BENEFITS)

TO

The Divisional Manager
GSCA DEPARTMENT
P & GS UNIT, LIC of INDIA
CHENNAI-600 002.

Date:

Dear Sir,

RE: GSCA/NGSCA Master Policy No: POLICY NUMBER AVAILABLE IN
SUPERANNUATION SLIP/PAY SLIP

Kindly arrange to pay the commuted value and Pension to the following member
who has left the services of the company. He is eligible for Superannuation benefits as per
the Rules of our Scheme.

1. Name of Member: EMPLOYEE NAME

2. Date of Birth: DOB OF EMPLOYEE

3. LIC ID/Employee No: CTS EMPLOYEE ID, LIC ID AVAILABLE IN SUPERANNUATION
SLIP/PAY SLIP

4. Date of Exit: LAST WORKING DAY IN CTS

5. a. Cause of Exit: REASON FOR LEAVING

b. In case of Death, cause of death :
(Death Certificate attested by Trustees to be attached)

6. If pension is to be paid to Beneficiary (in case of death)

(1) Name of the Beneficiary: NOMINEE'S NAME

(2) Date of Birth of the beneficiary: NOMINEE'S DOB

7. Normal Age of Retirement: 58 Yrs.

8. a) Fund size as on 31.03.20 :

b) Details of further contribution paid and Refund due from LIC in respect of the member

Date	Amount	Excess amount to be refunded to the trust

(If refundable contributions are not mentioned now, any request for refund of or adjustment
of excess amount (in future remittances) will not be entertained later on, as the amount
shown in (8 b) will be taken into account while calculating the benefits).

9. Whether Commutation is desired (Tick appropriately): YES / NO
IF 'YES', 1/3 OR 1/2 OF THE FUND CAN BE WITHDRAWN & BALANCE
WILL BE CONVERTED AS PENSION.

(1/3rd of pension can be commuted by those receiving Gratuity, for others -1/2): IF 'NO', ENTIRE FUND WILL BE CONVERTED AS
PENSION.
: 1/3 or 1/2
(if 1/2 DOJ:)

(1/2 commutation is allowed only for employees not eligible to receive Gratuity, hence if 1/2 option is exercised, Trustees have to certify about the eligibility of Gratuity for the member, by furnishing the date of joining)

10. Type of Pension Option elected : TYPE OF PENSION TO BE SELECTED PLEASE REFER ANNEXURE 1 PENSION TYPE
(As per the option exercised by the member in Anx1.pentype)

11. Mode of annuity: Mly / Qly / Hly/ Yly - MODE OF ANNUITY TO BE SELECTED

12. Residential Address: _____
CONTACT DETAILS OF EMPLOYEE _____

City: _____ State: _____ PIN CODE: _____

Mobile no: _____ E mail Id: _____

13. PAN No: _____ (Xerox copy to be attached)
EMPLOYEE'S PAN No.

14. Bank account details to which Pension is to be credited: (a cancelled cheque leaf to be enclosed) BANK A/C DETAILS TO BE FURNISHED BELOW:

Name of the Bank	Bank Branch	Account Number	IFSC code

15. Details of Nominee to receive the Capital in case of death of the pensioner:

NOMINEE'S DETAILS TO BE FURNISHED BELOW

Name of the Nominee	Relationship	DOB/ Age as on date

LETTER OF AUTHORITY AND DISCHARGE FOR PAYMENT OF SUPERANNUATION BENEFITS UNDER MASTER POLICY NO: _____

I, one of the Trustee of _____ Superannuation Trust Fund Authorise Life Insurance Corporation of India to debit our Superannuation Fund to pay the commuted value and towards purchase price of annuity for the following Member or Beneficiary. I hereby direct, authorise and empower Life Insurance Corporation of India 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 and the PAN No: of whom is endorsed by me.

Rate of Income Tax to be deducted-Commuted Value : % & Pension: %
PAN NO: _____

If No TAX is to be deducted against any above A/c, please write "NIL"

Signature of the Member
EMPLOYEE'S SIGNATURE

Signature of the Nominee
NOMINEE'S SIGNATURE

Signature and seal of the Trustees
On Re.1/- revenue stamp.