

(Name of the Trustee) \_\_\_\_\_ **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: \_\_\_\_\_

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: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_

3. LIC ID/Employee No: \_\_\_\_\_

4. Date of Exit : \_\_\_\_\_

5. a. Cause of Exit : \_\_\_\_\_

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: \_\_\_\_\_

( 2) Date of Birth of the beneficiary : \_\_\_\_\_

7. Normal Age of Retirement: \_\_\_\_\_ 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

(1/3<sup>rd</sup> of pension can be commuted by those  
receiving Gratuity , for others -1/2) :

: 1/3 or 1/2

(if ½ 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 :  
(As per the option exercised by the member in Anx1.pentype)

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

12. Residential Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ PIN CODE: \_\_\_\_\_

Mobile no: \_\_\_\_\_ E mail Id: \_\_\_\_\_

13. PAN No: \_\_\_\_\_ (Xerox copy to be attached)

14. Bank account details to which Pension is to be credited: (a cancelled cheque leaf to be enclosed)

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:

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

Signature of the Nominee

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