

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

1. Name of Member	:	<hr/>		
2. (a) LIC Membership Number	:	<hr/>		
(b) Salary Roll No./ Identity No	:	<hr/>		
3. Date of Birth	:	<hr/>		
4. Date of Exit	:	<hr/>		
5. (a) Cause of Exit	:	<hr/>		
(b) In case of Death, cause of death (Death Certificate to be attached)	:	<hr/>		
6 (a) Final Contribution, if any, on Cessation of service (compulsory)	:	<hr/>		
7. Whether Option to commute part of Pension exercised or not? (Tick Appropriate column)	:	<table border="0" style="width: 100%;"><tr><td style="width: 50%; text-align: center;">YES</td><td style="width: 50%; text-align: center;">NO</td></tr></table>	YES	NO
YES	NO			
8. If the answer is YES, what Proportion? (Tick applicable Column)	:	<table border="0" style="width: 100%;"><tr><td style="width: 50%; text-align: center;">1/3</td><td style="width: 50%; text-align: center;">1/2 (Date of Joining if 1/2)</td></tr></table> <hr/>	1/3	1/2 (Date of Joining if 1/2)
1/3	1/2 (Date of Joining if 1/2)			
9. Type of Pension Option elected (Tick appropriate option)	:	<div style="margin-left: 20px;"><div>1. Life pension</div><div>2. Pension guaranteed for 5 yrs + life</div><div>3. Pension guaranteed for 10 yrs + life</div><div>4. Pension guaranteed for 15 yrs + life</div><div>5. Pension guaranteed for 20 yrs + life</div><div>6. Life pension with return of corpus</div><div>7. Life pension increasing at simple rate of 3% p.a</div><div>8. Joint life pension with 100% of annuity payable to spouse on death of annuitant</div><div>9. Joint life pension with 50% of annuity payable to spouse on death of annuitant</div></div>		
<div style="margin-left: 20px;">If Joint Life Pension – Name of Spouse - <hr/> (Compulsory for Point no 8, 9 &10) Date of birth of Spouse with DOB Proof <hr/></div>				
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.				

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. _____

(Bank account number should be written from left to right)

(9) Mobile Number +91_____

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

(12) PAN No:

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

- A. Cancelled cheque leaf
- 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.

(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.