

**AUTHORITY LETTER - CUM - DISCHARGE RECEIPT**  
(To be completed by the Member)

I ..... a Member of the  
.....Superannuation Scheme / Fund hereby  
request the Trustees of .....Superannuation  
Scheme / Fund to transfer in accordance with Rule.....  
of the Rules of the said Scheme / Fund the value of the benefits secured under the  
Assurance / Annuities by the contributions paid by Messrs.....  
.....  
in my respect upto the date of my leaving the said.....

.....  
(Company).

..... ON .....  
(Date of leaving the service)

to the Trustees of.....  
.....Superannuation Scheme / Fund  
of Messrs .....of which I  
have become a member having joined their service.

In consideration where of, I hereby agree and declare that this authority and the  
transfer made in pursuance of such authority shall constitute a complete and sufficient  
discharge in full satisfaction of all my claims and rights secured by the contributions paid  
by the Trustees to the Life Insurance Corporation of India under the.....  
.....Superannuation Scheme / Fund  
and the Master Policy No. GSCA

**Details of Transferee scheme :**

Master Policy No :

Name and Full Address of the servicing office of LIC :

Dated at .....day of.....

**WITNESS :**

Signature : 1 Rupee Rev. Stamp

Designation : Signature in Full

Name in Full

Address :

**Note :** If the transferee scheme is a privately administered fund, copy of IT (Income Tax)  
approval and full postal address of the same may please be sent.