

Telephone : 26142369

Army Group Insurance Fund
Adjutant General's Branch
Integrated HQ of MoD (Army)
Rao Tula Ram Marg
Post Bag No-14
PO : Vasant Vihar
New Delhi – 57

A/56271/12/AG/Ins (Coord)

27 Jan 2010

(All Record Offices)

ELECTRONIC PAYMENT OF MATURITY BENEFITS

1. Further to AGIF letter No A/56271/12/AG/Ins (Coord) dt 06 Nov 2009.
2. Based upon the response from the environment, Electronic payment of maturity benefit is proposed to be implemented for payment of claims in respect of personnel retiring wef 30 Apr 10. Revised Appendix G for PBOR giving the option for electronic payment of maturity benefits is attached along with this letter. You are requested to apprise the environment on the implementation of this scheme. It is intimated that opening of bank account in a bank having core banking facilities is mandatory and would facilitate in availing the facility of electronic payment of maturity benefits.
3. Keeping in view the socio economic background of our soldiers, majority of which belong to the rural areas where such facilities may not be available, electronic payment is not being made compulsory. Existing conventional method of payment will be available to the members according to option exercised by them. Therefore, members are requested to specify the mode of receiving the payment of maturity benefits either through electronic means or by cheque. The Appendix G has been suitably modified accordingly to fill in the requisite details of the bank.
4. You are requested to disseminate this information on priority to all concerned.

(Laj Pat Rai)
Col
DD AGI (Coord)
for Managing Director

Enclosures : As above.

APPLICABLE FOR JCOs/OR

(TO BE INITIATED 6 MONTHS PRIOR TO RETIREMENT)

(Form should be typed on both sides on one sheet and reach AGIF four months prior to retirement)

AGI CLAIM-MATURITY AND EXTENDED INSURANCE BENEFITS SCHEME

1. Army No :
2. JC No :
3. Rank & Name :
4. Regt/Corps :
5. Unit Last served :
with address
6. Dates of :-
(a) Birth :
(b) Enrolment :
(c) Promotion to Nb Sub :
(d) SOS (Army) :
7. (a) Medical Category :
(b) Percentage of Disability (if any) :

FOR AGI USE ONLY

Mail ID
Claim ID
Entered On
Verified on
Approved on
PAL No
PAL Amount
Addl Interest
Cheque No and Date
or
Unique Code for Elec Tfr
EIC No and Date
MBS No
DID No

- (c) Reasons for Discharge/SOS :
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8. AGI Membership period : From To Years Days

(a) As OR

(b) As JCO

9. Bankers (Please specify whether you wish payment of maturity benefits by Cheque or by Electronic Clearance)

- (a) For Payment by Cheque :-

(i) Name of Bank..... (ii) Branch.....
(iii) Bank Code (iv) Acct No
(v) Address/Location of Bank
Distt.....State.....PinTele No

(To avoid delay, please do not change this bank account until you have received amount)

OR

- (b) For Electronic Payment. (Please note that drawee branch should be on Core banking)

(i) Name of Bank
(ii) Branch
(iii) Bank Code
(iv) Location
(v) CBS Credit Account No (11 to 16 Digits)
(vi) Account Type
(vii) IFSC Number
(viii) MICR Number

10. Treasury/Bank through which individual will drawn his pension

11. Address after retirement. (Change to be intimated)

S/O (Father's Name)
Address
.....State.....Pin Code.....Tele/ Mob No.....

12. Permanent Address :-

S/O (Father's Name)
Address
.....State.....Pin Code.....Tele/ Mob No.....

13. Loans Details :-

	<u>Type of Loan</u>	<u>Date of Loan</u>	<u>Amount Taken</u>	<u>Amount Refunded</u>	<u>Amount Balance</u>	<u>Remarks</u>
(a)	HDFC					
(b)	HBA (AGI/Govt)					
(c)	Conveyance					
(d)	Advance (AGI)					
(e)	Any other loans					

14. Family Details :

	<u>Name</u>	<u>Relationship</u>	<u>Age</u>
(a)			
(b)			
(c)			

15.

<u>Name of First Nominee with relationship and address</u>	<u>Name of Second Nominee with relationship and address</u>
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.....
.....
.....

16. In case any discharge/retirement order are cancelled. I undertake to refund the maturity benefits paid to me within 45 days, falling which I hereby undertake to pay penal interest on the said amount at the rate of 15 percent per annum till the amount is received back by AGIF.

17. Certified that the particulars given are correct and the claim for these benefits has not been submitted previously.

Countersigned by OC Unit

Signature
Rank
Name

(Office Seal)

(Signature of the individual)
Date :

Received Payment
Signature _____
Rs 1/- Revenue Stamp

Date :

Note : On completion, the forms should be sent to Records in quadruplicate for filling Part II & III along with 3 copies of Passport size joint photographs with spouse and two copies of single photograph of first nominee.

PART II
(To be filled by PAO (OR)

Certified that sum of Rupees _____/- (Rupees _____ only) has been deducted from the pay of No _____ Rank _____ Name _____ for the period from _____ to _____ as monthly subscription towards AGIF recovery.

Date : Office Seal

(Signature of Account Officer)

PART III

Certified that the above data is correct/amended as under :-

Place :

Date : (To be verified by SRO with Office Seal)