

Note: This Form is not applicable to employees, who are availing Super Annuation thru monthly Salary

The Trustees
Tata Technologies (India) Limited
Superannuation Fund
25 Rajiv Gandhi Infotech Park
Hinjawadi
Pune 411 057

Dear Sirs,

Master Policy No. 635308 Serial No. _____

I _____ have resigned / retired
from the services of Tata Technologies Ltd., with effect from _____ and enclose herewith
my option for the Pension payment.

I also give below the details required for processing my pension.

EMPLOYEE DETAILS

Full Name : _____

Id No. : _____ Phone No. _____

Mobile No. : _____ E-mail _____

Address : _____

(Permanent) _____

_____ Pin:

Details of Bank to which the pension is to be credited. The Bank Accounts should be jointly
held with the beneficiary.

Bank Name: _____

Savings / Current Bank Account No.

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|

Bank Address:

_____ Pin:

Nomination form duly attached has to be filled in. Nomination form attached (Yes/No)

I, hereby exercise an option, out of the under mentioned options available to me under the provisions of Rule NO.9 of the Rules governing the above Scheme.

| | |
|--|--|
| 1. Please pay me 1/3rd amount of Superannuation fund (Eligible to commute only if age is 50 years or above) | |
| 2. Please pay the entire Superannuation Fund amount to LIC | |

Please tick mark tick in 'Select' column against option to be exercised mentioned below.

| Option No | Select | Description of the Option (All options are paid in 'ARREARS') | Payable Frequency | | | |
|-----------|--------|--|-------------------|-----------|-------------|--------|
| | | | Monthly | Quarterly | Half Yearly | Yearly |
| 1 | | A pension payable for 5 years certain & thereafter throughout my life time | | | | |
| 2 | | A pension payable for 10 years certain & thereafter throughout my life time | | | | |
| 3 | | A pension payable for 15 years certain & thereafter throughout my life time | | | | |
| 4 | | A pension payable for 20 years certain & thereafter throughout my life time | | | | |
| 5 | | A pension payable during my life time only. | | | | |
| 6 | | Will seek transfer to other establishment. | | | | |
| 7 | | A pension payable through out the whole duration of my lifetime only. On the death of the annuitant, an amount equal to the member's accumulation / purchase price applied for purpose of pension will be payable to the beneficiary by L.I.C. | | | | |

Please note that the above options are subject to changes made by LIC.

Place
Date

Signature of Member

Approval of the Trustees for onward dispatch to Life Insurance Corporation of India to secure settlement under Master Policy No. GA/635308

Signature of the Trustee

SECTION I

To

Life Insurance Corporation of India,
P & GS Department
4th Floor, "Jeevan Prakash"
6/7, University Road
Pune 411 005

I Shri/Smt _____ opt for payment of Pension for

* Life pension guaranteed period of _____ years.

OR

* Life pension with return of capital.

I request you to credit future Installments of Pension directly to my savings Bank Alc detailed as under.

Bank Name _____

Address: _____

and MICR code being

(A blank, cancelled Cheque leaflet is enclosed herewith)

My Address for Correspondence (In Block Letters)

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold LIC responsible. I have read the option invitation letter and agree to discharge the responsibility expected of me as a participant under the scheme.

(Signature of Annuitant)

Date: _____

**LIC**

भारतीय आयुर्विमा महामंडळ
भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA
Pune Divisional Office I

LIFE INSURANCE CORPORATION OF INDIA
Pension And Group Scheme Deptt
Pune Divisional Office-I

CERTIFICATE OF EXISTENCE

Annuity No _____

I _____, (neighbour/doctor/Bank Class- I officer/

LIC Class I Officer hereby certify that, Shri/Smt. _____

son / daughter of _____ was alive on _____,

having personally seen him / her on/ after that date .

Place : _____

Annuityants Signature : _____

Certified by

Signature _____

NAME & PROFESSION (in block Letters)

LIFE INSURANCE CORPORATION OF INDIA

**Please find below sample filled form for
your reference**

Note: This Form is not applicable to employees, who are availing Super Annuation thru monthly Salary

The Trustees
Tata Technologies (India) Limited
Superannuation Fund
25 Rajiv Gandhi Infotech Park
Hinjawadi
Pune 411 057

Dear Sirs,

Master Policy No. 635308 Serial No. _____

I Mr. Rajesh Kumar Singh have resigned / retired
from the services of Tata Technologies Ltd., with effect from 28/10/2015 and enclose herewith
my option for the Pension payment.

I also give below the details required for processing my pension.

EMPLOYEE DETAILS

Full Name : Mr. Rajesh Kumar Singh
Id No. : 999999 Phone No. 09850 11111
Mobile No. : 09850 11111 E-mail rajesh@singh@gmail.com
Address : Fatfat No 12, Nirmalya Apartment
(Permanent) Kothrud, Pune

Pin: 411038

Details of Bank to which the pension is to be credited. The Bank Accounts should be jointly held with the beneficiary.

Bank Name: HDFC Bank

Savings / Current Bank Account No.

0 1 8 5 0 0 0 1 1 1 1

Bank Address:

Paramhas Nagar, Kothrud, Pune

Pin: 411038

Nomination form duly attached has to be filled in. Nomination form attached (Yes/No)

I, hereby exercise an option, out of the under mentioned options available to me under the provisions of Rule NO.9 of the Rules governing the above Scheme.

| | |
|--|--|
| 1. Please pay me 1/3rd amount of Superannuation fund (Eligible to commute only if age is 50 years or above) | |
| 2. Please pay the entire Superannuation Fund amount to LIC | |


Please tick mark tick in 'Select' column against option to be exercised mentioned below.

| Option No | Select | Description of the Option (All options are paid in 'ARREARS') | Payable Frequency | | | |
|-----------|--------|--|-------------------|-----------|-------------|--------|
| | | | Monthly | Quarterly | Half Yearly | Yearly |
| 1 | | A pension payable for 5 years certain & thereafter throughout my life time | | | | |
| 2 | | A pension payable for 10 years certain & thereafter throughout my life time | | | | |
| 3 | | A pension payable for 15 years certain & thereafter throughout my life time | | | | |
| 4 | | A pension payable for 20 years certain & thereafter throughout my life time | | | | |
| 5 | | A pension payable during my life time only. | | | | |
| 6 | | Will seek transfer to other establishment. | | | | |
| 7 | | A pension payable through out the whole duration of my lifetime only. On the death of the annuitant, an amount equal to the member's accumulation / purchase price applied for purpose of pension will be payable to the beneficiary by L.I.C. | | | | |

Please note that the above options are subject to changes made by LIC.

Place
Date

28/10/2015
PUNE


Signature of Member

Approval of the Trustees for onward dispatch to Life Insurance Corporation of India to secure settlement under Master Policy No. GA/635308

Signature of the Trustee

SECTION I

To

Life Insurance Corporation of India,
P & GS Department
4th Floor, "Jeevan Prakash"
6/7, University Road
Pune 411 005

I Shri/Smt Rajesh Kumar Singh opt for payment of Pension for

* Life pension guaranteed period of _____ years.
OR

* Life pension with return of capital.

I request you to credit future Installments of Pension directly to my savings Bank A/c detailed as under.

Bank Name HDFC Bank

Address: Paramhans Nagar, Kothrud, Pune
411038

and MICR code being 4110041

(A blank, cancelled Cheque leaflet is enclosed herewith)

My Address for Correspondence (In Block Letters)

Flat No 12, Nirmalya Apartment,
Kothrud, Pune 411038

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold LIC responsible. I have read the option invitation letter and agree to discharge the responsibility expected of me as a participant under the scheme.


(Signature of Annuitant)

Date: 28/10/2015

Form B

Name _____

ID No. _____

Form of Instrument Disposing of the Interest of a member in the above Fund on his Death

**TATA TECHNOLOGIES (INDIA) LIMITED
SUPERANNUATION FUND**

I, Rajesh Kumar Singh hereby declare that the person or persons hereinafter mentioned shall be solely entitled upon my death to my share in Superannuation Fund of Tata Technologies (India) Limited and accordingly. I bequeath the amount which shall be payable on my death in my account in such Fund under the Rules of the Fund to the person or persons named and described in columns 1 & 2 of the following schedule in the shares shown in column 4 thereof and I appoint the person (if any) named and described in column 5 thereof to receive the shares of any minors benefitting under the instrument for the purpose of giving a valid discharge thereof.

| Name and addresses of beneficiaries | Whether a major or minor at this date and if a minor, Age this date | Relationship with member | Share to go to each beneficiary | Name and address of persons to whom minor's share arc to be paid |
|--|---|-----------------------------|---------------------------------------|---|
| 1 | 2 | 3 | 4 | 5 |
| Kumar Singh-01-01-1975 Father - 100% | | | | |

IN WITNESS WHEREOF the said _____ has hereunto signed his/her hand this _____ day of _____ in the joint presence of himself / herself and us who at his request and in such joint presence have hereunto subscribed our names witness.

1st witness Signature _____

Name _____

ID No. _____

2nd witness Signature _____

Name _____

ID No. _____


Signature of Member

LIFE INSURANCE CORPORATION OF INDIA
Pension And Group Scheme Deptt
Pune Divisional Office-I



LIC

भारतीय आयुर्विमा महामंडळ
भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA
Pune Divisional Office I

CERTIFICATE OF EXISTENCE

Annuity No _____

I Pratap Singh, (neighbour/doctor/Bank Class-I officer/

LIC Class I Officer hereby certify that, Shri/Smt. Rajesh Kumar Singh

son / daughter of Kumar Singh was alive on 28/10/2015

having personally seen him / her on after that date.

Place : Pune

Annuityants Signature : PO

Certified by

Signature

Pratap Singh

NAME & PROFESSION (in block Letters)

Pratap Singh, Doctor