

SUPERANNUATION SCHEME

MASTER POLICY NO:- _____

LIFE INSURANCE CORPORATION OF INDIA
P&GS DEPARTMENT, CHENNAI DIVISION I

INTIMATION OF RETIREMENT/DEATH/LEAVING SERVICE

1. Name of Member: _____

2. a) LIC ID: _____

b) Salary Roll No./Identity No : _____

3. Date of Birth : _____

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. 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 9 will be taken into account while calculating the benefits.

7. Whether Option to commute part of pension exercised or not? : YES / NO
(Tick appropriate column)

8. If the answer is YES, what Proportion? : 1/3 1/2 (Date of Joining to be mentioned if ½ commutation is opted)
(Tick applicable Column)

9. Type of Pension Option elected
(Tick appropriate option):

- a) Life Pension
- b) Pension guaranteed for 5 yrs + life
- c) Pension guaranteed for 10 yrs + life
- d) Pension guaranteed for 15 yrs + life
- e) Pension guaranteed for 20 yrs + life

- f) Life pension with return of corpus
- g) Annuity for life increasing at a simple rate of 3% p.a.
- h) Annuity for life with a provision for 50% of the annuity payable to the spouse on death of the annuitant.
- i) Annuity for life with a provision for 100% of the annuity payable to the spouse on death of the annuitant.
- j) Annuity for life with a provision for 100% of the annuity payable to the spouse on death of the annuitant with return of corpus on death of the last survivor

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

11. Particulars of Member / Beneficiary (in case of death):

- a. Residential Address
- b. Dist./Taluka
- c. State
- d. PIN Code:
- e. If pension is to be paid to Beneficiary (in case of death)
 - 1) Name of the Beneficiary
 - 2) Date of Birth of the beneficiary
- f. Specimen Signatures of Member / Beneficiary (in case of death)

1) _____

2) _____

g. Bank account details to which Pension is to be credited:

- 1) Name of the Bank
- 2) Account Number
- 3) IFSC code
- 4) MICR
- 5) Address of Bank

h. Do you want Policy records to be transferred to nearest servicing unit to your correspondence address: Yes / No

if 'Yes' , please mention name of the P&GS Unit: _____

i. Contact Details:

- 1) Land Telephone No (with STD Code)
- 2) Mobile number
- 3) E mail ID:

j. PAN No:

For Self and Co Trustees of _____ Superannuation Scheme

Signature _____

(NAME OF THE TRUSTEE)

Note: It is very important that Appropriate Answers are given specifically under Item Nos. 6, 7, 8 and 9 and all other items are filled completely, without which the settlement will not be possible.

LIFE INSURANCE CORPORATION OF INDIA
P&GS DEPARTMENT

PENSION CLAIM FORM

Section I

(To be completed by Annuitant)

To:-

Life Insurance Corporation of India,
P&GS Department, Chennai

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 Installment of Pension directly to my bank

Type of Bank A/c _____

Bank A/c No _____ Bank _____

Address of the Bank: _____

MICR NO. (9 – DIGIT CODE): _____

IFSC code _____

(Note: Please enclose Xerox copy of Cheque leaflet)

My Address for Correspondence: _____

Date: _____

(Signature of Annuitant)

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.

Old GSCA _____ New GSCA _____

Commuted Value Rs. ____

Yly/ H.Yly/ Qly/ Mly Instalment pension due Rs. /-

Total Rs. /-

Revenue Stamp
Of Rs. 1/-

(Signature of Annuitant)

Witness: _____

Address: _____

Place & Date _____

SECTION: III
(To be completed by Trustee)

Life Insurance Corporation of India,
P&GS Department,

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 Installments due _____ to _____ (i.e. during the current financial year)

TOTAL AMOUNT (Rs.)

Less Income Tax & Other
Duties (Rs.):

Commuted value:

Pension:

Net Amount Payable (Rs.)
(C. V.)
(Pension)

PAN NO. _____

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.

(Signature of Trustees)

Address

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NOTE:

1. RATE AT WHICH INCOME TAX HAS TO BE DEDUCTED FROM COMMUTED VALUE AND ANNUITIES MAY BE SPECIFIED INSTEAD OF THE ACTUAL AMOUNTS.
2. INCOME TAX RATE FOR COMMUTED VALUE AND ANNUITIES HAVE TO BE MENTIONED SEPARATELY.
3. If No TAX is to be deducted against any above A/c, please write "NIL"

Section IV
(To be completed by the Annuitants and witnessed by the Trustees)

NOMINATION

I ,Shri/Smt _____ a member of
the _____
_____ Superannuation Scheme, hereby nominate
Shri/Smt _____
_____ aged _____ years who is related to me as
_____, 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.
old GS (CA) _____ New GSCA _____

Signature of Annuitant

Signature of the Nominee

Witness: _____
Address : _____
Place : _____
Date : _____