

ANNEXTURE A

I _____ a member of the
_____ Scheme/Fund hereby
request the Trustees of _____
Scheme / Fund to transfer in accordance with the rule No. _____
Of the Rules of the said scheme / Fund the value of the benefits
secured under the Assurance / Annuities by the contributions paid
by M/S _____ on my behalf upto
the date of my leaving the said _____
_____ (company) on _____ (date of leaving service) to the
Trustees of _____ Scheme/Fund
of M/S _____ of which I have become a
member having joined their service.

In consideration whereof, 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 contribution amounting to Rs. _____ paid by the
Trustees of the Life Insurance Corporation of India under the
_____ Scheme/Fund and the Master
Policy No. _____.

Dated at _____ this _____ day of _____ 20_____.

REVENUE STAMP
Signature in full.

Witness:

Signature:

Designation:

Name in Full:

Address: