



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

P&GS UNIT, DIVISION-1, JEEVAN PRAKASH,
IV FLOOR, J.C. ROAD, BANGALORE -560 002
EMAIL : bo_g501@licindia.com. 22234911

**THE EMPLOYEE'S GROUP SUPERANNUATION SCHEME-
MASTER POLICY NO. GS (CA) _____**

INTIMATION OF RETIREMENT/DEATH/LEAVING SERVICE

(To be completed in accordance with the terms and conditions as laid down in the Rules of the Scheme)

1. Name of the Member
2. (a) LIC Membership No.
(b) Salary Roll No./Identity No.
3. Date of entry into Scheme
4. Date of Birth
5. Date of Exit
6. (a) Cause of Exit
(b) In case of death, (Death Certificate and Age Proof of Beneficiary to be attached)
7. Final Contribution in respect of the member : a. Amount Rs.
b. Paid On
8. Income Tax Pan No:
9. Whether Member is eligible for Gratuity :
10. Whether option to commute part of pension exercised or not if yes, what proportion (1/3rd if eligible for Gratuity or 1/2 if not) :
:
11. Type of Pension Option selected by the Member :
12. In case of Joint Life Pension, Name and DOB of : Name :
the spouse : Date of birth
13. Specimen Signature of the Member : 1. 2.
14. **Income Tax on Annuity to be Deducted at the rate of**

For Self and Co-Trustees of KIOCL Employees' Defined Contributory pension Scheme

Place:

Date:

(TRUSTEE)

N.B:- If no Income Tax is to be deducted against the above account, please write 'NIL' to question no.14.

(To be completed by the annuitant and witnessed by the Trustees)

1. I, Shri/Smt. _____
opt for the following:

2.

A. PAYMENT OF PENSION

(Mention one of the following types of Pension)

- 1 Annuity for life
- 2 Annuity for life with return of Capital (ROC)
- 3 Annuity for 5 years certain & Life thereafter
- 4 Annuity for 10 years certain & Life thereafter
- 5 Annuity for 15 years certain & life thereafter
- 6 Annuity for 20 years certain & life thereafter
- 7 Annuity for life increasing at a simple rate of 3% p.a.
- 8 Annuity for life with a provision for 50% of the annuity payable to the spouse on death of the annuitant
- 9 Annuity for life with a provision for 100% of the annuity payable to the spouse on death of the annuitant
- 10 Annuity for life with a provision for 100% of the annuity payable to the spouse on death of the annuitant with return of purchase price on death of last annuitant

B. PAYMENT OF ANNUITY

Monthly **OR** Quarterly **OR** Half-yearly **OR** Yearly

b. I request you to credit the Annuity payments directly to my Bank Account.

❖ Account Number. _____

❖ MICR Number _____

❖ IFSC CODE _____

❖ Name of the Bank _____

❖ Address of the Bank _____

❖ PAN NO _____

(Enclose a cancelled blank cheque leaf for the above ECS facility).

(Signature of the Annuitant)

C. NOMINATION

I, Shri/Smt. _____, a member of the _____ (Name of the company) Employees' 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. _____.

Witness

Address

Place

Date

(To be completed by the annuitant and witnessed by the Trustees)

I, Shri/Smt. _____ do hereby acknowledge receipt 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 _____.

-----Installments of pension@ Rs-----

due from _____ to _____ Rs _____

Total Rs-----

(Signature of the Annuitant)

Witness

MY ADDRESS

Address

Place

PHONE NO :

Date

EMAIL ID ;

Specimen signature 1.

(Member residing away from Bangalore may opt for transfer of annuity records to the nearest P&GS Unit)

ANNEXURE-I



भारतीय जीवन बीमा निगम
Life Insurance Corporation of India

P&GS Unit, "Jeevan Prakash", IV Floor, J.C. Road, Bangalore – 560 002
Ph : 2292647, FAX : 2293471, E-mail : licbgpgs@bgl.vsnl.net.in

SECTION I
(To be completed by Trustees)

GROUP SUPERANNUATION SCHEME, MASTER POLICY NO. _____

We hereby direct, authorize and empower you to pay on our behalf to Shri/Smt-----
-----, Membership No, _____, the pension amount as
per option elected by him/her named above after deduction of Income Tax and other taxes
& Duties as given below.

1. Commuted Value @ _____ of pension Rs. _____
2. Total of Pension installments due from _____ to _____ (i.e. during the current
financial year)

TOTAL AMOUNT	LESS INCOME TAX	NET AMOUNT PAYABLE

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 had been made to us and the receipts signed by us.

N.B:- If no tax is to be deducted against any of above account, please write 'NIL'.

Signature of the Trustees