

1/5

MASTER POLICY NO:- Old GSCA _____ SUPERANNUATION SCHEME
NEW GSCA _____
LIFE INSURANCE CORPORATION OF INDIA
P&GS DEPARTMENT

INTIMATION OF RETIREMENT/DEATH/LEAVING SERVICE

1. Name of Member : _____

2. LIC Membership Number in

a. Old GSCA * : _____

b. New GSCA : _____

c. Salary Roll No./Identity No _____

3. Date of Birth : _____

4. Date of Exit : _____

5. Exit

a. Cause of Exit : _____

b. In case of Death, cause of death :
(Death Certificate to be attached)

6. Final Contribution, if any, on cessation of service :

7. Whether Option to commute part of pension exercised or not? (Tick appropriate column)

: YES

NO

8. If the answer is YES, what Proportion?

(Tick applicable Column) : 1/3

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) Joint life pension
- h) Annuity for life increasing at a simple rate of 3% p.a.
- i) Annuity for life with a provision for 50% 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 Capital (ROC). 2

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

11. In case Pension is Immediate, particulars of Member or Beneficiary :

a. Residential Address

b. Dist.,/Taluka

c. State

d. PIN Code:

e. If pension is to be paid to Beneficiary

1) Name of the Beneficiary

2) Date of Birth of the beneficiary

f. Specimen Signatures of Member & Beneficiary

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 _____

3

(NAME OF THE TRUSTEE)

Note: It is very important that Appropriate Answers are given specifically under Item Nos. 6, 7, 8 and 9 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,

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 Type of Bank A/c _____ Bank A/c No _____ in the Bank

Address _____

MICR NO. (9 - DIGIT CODE) : _____

IFSC code

(Note : Please enclose Xerox copy of Cheque leaflet)

My Address for Correspondence _____

(Signature of Annuitant)

Date: _____

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 _____

4

Commuted Value Rs. _____

Xly/ H.Xly/ 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 Trustees

Life Insurance Corporation of India,
P&GS Department,
JALANDHAR *Stamps*

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.) Payable	Less	Income Tax & Other Duties (Rs.)	Net Amount (Rs.)
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(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.

N. B. 1) If No TAX is to be deducted against any above A/c, please write "NIL"

2) Please specify the tax to be deducted against each head of account separately.

5

Signature of Trustees)

Address

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

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

Signature of the

NOMINATION

I, Shri/Smt _____ member of Master Policy no.: Old
GSCA _____ New GSCA _____, residing at

_____ hereby nominate Shri/Smt _____ aged _____
years, who is related to me as _____, to receive _____ % of the
Pension Corpus.

[*Signature of the Annuitant*]

Place :

Date :

[Signature of Trustee]



शिमला मंडल
SHIMLA DIVISION

LIFE INSURANCE CORPORATION OF INDIA
P&GS DEPARTMENT, 1st FLOOR
BLOCK NO 14-15, SDA COMPLEX
KASUMPATI, SHIMLA-171009

Email - bo_g109@licindia.com
Phone : 0177-2629231, 2629232

EXISTANCE CERTIFICATE

Manager (P&GS)
Shimla Unit

Annuity No. - _____

This is to certify that Shri/Smt _____
Whose specimen signature is given below, is alive today, the _____ day of
_____, 20__.

Signature of Annuitant

Certified By:

Signature:

Name:

Address/Seal:

(This Form should be signed with seal on or after by the Annuitant before a Gazetted Officer / Bank Manager /Registered Medical Practitioner with Registration No. / Post Master/ Head Master of the School/ Class-I Officer of LIC/Development Officer of 5 years standing /Agent who is a member of Chairman's /Zonal Manager's Club with seal).