

SUPERANNUATION FUND

Dated:

Life Insurance Corporation of India
Pension & Gratuity Group Scheme
7TH Floor, 25, K.G. Marg,
New Delhi - 110 001

Sub: Application for Payment of pension & Commutation in respect of
_____ **Name of member** _____ Assurance No. _____ and Master
Policy No. **GS(CA)/304682**

Dear Sir,

With reference to above, we are enclosing herewith following forms duly filled for payment of Pension as per details hereunder:

1. Form - GS (CA)
2. Form - N
3. Form - C
4. Application from Member.
5. Discharge Receipt From Member.
6. Discharge Receipt From Trustees.

Kindly acknowledge the receipt of the same & oblige.

Thanking You,

Yours faithfully,

For -----superannuation Fund

Trustee

Ref: GSCA/GS/DC

Note: This form is applicable for pension on retirement or leaving the services of employer. In case of death, another form is to be used.

The Manager (P&GS)

L.I.C. of India, Divisional Office-1
25, K.G. Marg,
New Delhi-110 001.

Dear Sir,

Ref: Master Policy No. GS(CA)/304682

Mr./Ms. **Name of member** _____

We are enclosing herewith claim papers From C, From N and two discharge receipts duly signed by member and one of our existing trustees. The stamps are duly affixed on discharge receipts. The particulars of members are given hereunder:

- | | |
|--|--|
| 1. Address at which pension payment has to be made : | 1. Provide address in block letters |
| 2. Date of Appointment : | 2. Date of joining to be mentioned |
| 3. Date of entry into Scheme : | 3. Date of joining to be mentioned |
| 4. Date of exit (leaving) : | 4. Date of leaving to be mentioned |
| 5. Mode of exit (Retirement/Resignation) (specify) : | 5. Whether resignation or retire |
| 6. Date of Birth of Member (figures & words) : | 6. DOB in figures & words |
| 7. Whether member is Eligible for Gratuity : | 7. Whether yes or no |
| 8. Whether immediate or deferred Pension (specify) : | 8. Immediate |
| 9. Pan Number : | 9. Provide your PAN Number |

Opinion to choose pension

- Life Pension ceasing at death, No purchase price shall be paid on death to beneficiary, No guaranteed payments.
- Life Pension with guaranteed payments for 5/10/15/20 years. No purchase price shall be paid on death or at end of 5/10/15/20 years guarantee .On survival to guaranteed payment pension shall be continued to be payable till life Survives. (Please specify period)_____.
- Life Pension ceasing at death of member with return of capital (purchase price) to beneficiary along with group Pension terminal bonus declared by LIC
- Joint life and Last survivor pension to member and his/her spouse (without any guaranteed payments as in case1) please attach date of birth certificate of your spouse.
- Joint life and Last survivor pension to member and his/her spouse with return of purchase price on death of last survivor along with group pension terminal bonus declared by LIC please attaches date of birth certificate of your spouse.

Third option is BEST option

10. Mode of payment of pension (specify specifically)(MLY/QLY/HLY/YLY) **10. Please mention clearly**

11. State whether member wants commutation of pension (Yes/No)_____as per prevalent Income tax rules (Please note that at present can commute maximum 1/3 (33.33%). This proportion may range maximum up to ½ (50%) if member is not eligible to get group gratuity.

11. In case you want to withdraw you need to put Yes otherwise No. Please notice that if you are eligible for Gratuity you can w/d 1/3rd (max.), if not in that case you can withdraw 1/2th (max.) of the total of SAF amount balance will be given to LIC as annuity payment. Further tax will be deducted on withdrawal of 1/3 or 1/2. OR you can give 100% to LIC as annuity on which no tax is deducted .

(Signature of the member)

Dated: _____

Provide your Signature

FORM "N"**(LETTER OF AUTHORITY FOR PAYMENT FOR PENSION)**

The Sr. Divisional Manager,
LIC of India, D.O. - I
P & GS Deptt, 7th Floor,
25, K.G. Marg,
New Delhi - 110 001.

Dear Sir,

Ref: Master Policy No. -GS(CA)/304682

We hereby direct, authorize and empower you to pay on our behalf and as our agent to the under-mentioned members, who have left or retired from service, the respective pension amounts shown against their names in the list below after deduction of Income Tax and other taxes and duties.

Particulars of which have also been given in the list

Member -ship No.	Name & address of member	Due Date of pension	Amount of pension	Income Tax net deduction amount, if any
Ass. No.	Provide your name along with address in capital letters			

We likewise direct, authorize and empower you to pay on our behalf and as our agent, to the under-mentioned beneficiaries of deceased members the pension payments shown against their names in the List below after deduction of Income Tax and other taxes and duties, particulars which have also been given in the list.

Master policy /Srl. No.	Name and address of the beneficiary	Due date of pension	Amount of pension	I. Tax deduction, if any	Net amount payable
GS(CA) /304682	Provide name of beneficiary along with address in capital letters				

We hereby admit and acknowledge that the abovementioned payments which shall be made by you shall be in full settlement of payments due to us and we hereby declare that the receipts signed by the payee shall be sufficient, valid and legal discharge to you for the respective payments made to them and shall be fully binding on us as if the payments had been made to us and the receipts signed by us.

Dated at _____ this _____ day of _____ 2006.

Yours faithfully,
For: Self And On Behalf of the Co-Trustees

For ----- superannuation Fund

Trustee

Provide your Signature

Signature of the Applicant

FORM "C"

(To be completed by Trustees on leaving service or on retirement of a member)

The Manager,
LIC OF India,
G & S Deptt., 7th Floor,
25, K. G. Marg,
New Delhi - 110 001.

Dear Sir,

Ref: Master Policy No. GS(CA)/304682

Name of member

Name of the Member Mr./Ms. _____

Assurance No. _____

We hereby give you notice that the above member has left / retired from the service of -----
----- w.e.f. **Date of leaving** and in accordance with the option exercised by him, he is
entitled to receive from the said date a pension of
Rs. _____ (Rupees _____
_____) payable for _____ years certain and life hereunder. First installment of
pension becomes due on _____.

We shall be passing to you, every year letters of authority to pay, on our behalf and as our agent, to the members who have left the service / retired from service (including the above member and the beneficiaries of deceased members) the pension payments shown against their names in such letters and we agree and declare that the receipts signed by the said member shall be sufficient, valid and legal discharge to you for the payment that may be made by you from time to time in respect of such letters of authority.

We hereby agree that, if at any time you are called upon to make payment to Govt. of India of any sums towards Income Tax and any other taxes and duties in respect of the said member in excess of the amount deducted by the corporation on the basis of deductions advised by us in the said Letter of authority for payments, We shall reimburse the corporation such excess sums on receipt of appropriate advise from them.

Upon the death of any member the outstanding installments of the pension, if any shall be paid to us or under our instructions, to the nominee of the member as intimated to us.

Dated at _____ this _____ day of _____ 2006.

1.

2.

(two signatures please)

For -----superannuation Fund

Trustee

Trustee

Dated:

DISCHARGE RECEIPT BY MEMBER

Received from -----Superannuation Fund a sum of Rs. _____
(Rupees _____) being the amount of refund of
deposit under Master Policy No. _____.

Dated at _____ on this _____ day of _____ 2006.

WITNESS:

Signatures _____

Name _____

Address _____

**Please provide Details as
required**



Affix Rs. 1/- Revenue stamp

Member should sign across the revenue stamp affixed

Signatures of the Applicant

Name _____

Alternate Mail id: _____

Contact Number _____

Address: _____

**Please provide Details as
required so that you can
be informed about your
status**

DISCHARGE RECEIPT BY TRUSTEES

Received from Life Insurance of Corporation of India a sum of Rs._____ (Rupees
_____) being the amount of refund of deposit under
Master Policy No._____.

Dated at _____ on this _____ day of _____ 2006.

WITNESS:



Affix Rs. 1/-
Revenue stamp

Signatures_____

For ----- superannuation Fund

Name_____

Name_____

Designation_____

Designation: Trustee

Address_____

