

SCI EMPLOYEE SUPERANNUATION SCHEME

MASTER POLICY NO GSCA/706002139

TO: LIFE INSURANCE CORPORATION OF INDIA
P&GS DEPARTMENT/MDO I
YOGAKSHEMA, 4TH FLOOR, EAST WING
MUMBAI 400 021

INTIMATION OF RETIREMENT/DEATH/LEAVING SERVICE

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1. Name of Member : _____
2. (a) Pension ID : _____
- (b) EC No. : _____
3. Date of Birth : _____
4. Date of Exit : _____
5. (a) Cause of Exit : _____
- (b) In case of Death, cause of death
(Death Certificate to be attached) : _____
- 6 (a) Final Contribution, if any, on
Cessation of service (compulsory) : NOT APPLICABLE
7. Whether Option to commute part of
Pension exercised or not? (Tick
Appropriate column) : NOT APPLICABLE
8. If the answer is YES, what Proportion?
(Tick applicable Column) : NOT APPLICABLE
9. Type of Pension Option elected
(Tick appropriate option) :
- a. Pension ceasing at death with payout of whole life assurance.
 - b. Pension with guaranteed payments for 10 years + Life
 - c. Pension with guaranteed payments for 5 years + Life
 - d. Pension with guaranteed payments for 15 years + Life
 - e. Pension with guaranteed payments for 20 years + Life
 - f. Joint life and last survivor pension
 - g. Life and 50% to last survivor
 - h. Joint life and last survivor pension with return on capital
 - i. Life pension without any guaranteed payments
 - j. Pension increasing at simple rate 3% p.a.
- If Joint Life Pension – Name of Spouse - _____
(compulsory)
Date of birth of Spouse - _____
10. Mode of annuity : Mly / Qly / Hly / Yly :
11. In case Pension is Immediate, particulars
of Member or Beneficiary : _____
- (i) **Your Residential Address with PIN
No, Dist.,/Taluka/State** _____

(ii) **If pension to Beneficiary Name and
Date of Birth of the Beneficiary** :

(iii) **2 Specimen Signatures of Member or Beneficiary** :

(iv) **Name, Address of Bank and Account**

No. to which Pension is to be credited: _____

IFS Code: _____

MICR: _____

(v) **Whether docket to be transferred to nearest servicing unit to your correspondence address Y / N ?
if 'Y' which** _____

(vi) **Your Telephone No (with STD Code)
& E mail ID for effective communication purpose:**

(T) _____ **E mail:** _____

For SCI Employee Superannuation Trust

Signature: _____

TRUSTEE

Note: Please select one of the options at point no. 9 to enable us to initiate the process of disbursement of Pension.