



भारतीय जीवन बीमा निगम
Life Insurance Corporation of India

Established by the Life Insurance Corporation Act, 1956
Bombay Divisional Office, Group & Superannuation Department

PENSION CLAIM FORM
SECTION I

To be completed by Annuitant

To
Life Insurance Corporation of India,
P&GS Department, 4th Floor, East Wing,
“Yogakshema”, J.B. Marg
Mumbai – 400 021

I, Shri / Smt. _____ opt for payment of Pension namely under option _____, 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 _____

IFSC Code : _____

PAN No. : _____

(Note : Please enclose photocopy of PAN card & cancelled Cheque leaflet, compulsory)

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. GSCA/

Commuted Value Rs. _____

Yly/ H.Yly/ Qly/ Mly Instalment pension due Rs. /-

Total Rs. /-

Revenue Stamp
Of Rs. 1/-

Witness: _____

(Signature of Annuitant)

Address: _____

Place & Date _____

SECTION III

To be completed by Trustees

Life Insurance Corporation of India,
P&GS Department, 4th Floor, East Wing,
“Yogakshema”, J.B. Marg,
Mumbai – 400 022

Dear Sir,

We hereby direct, authorize 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. NIL

Total Pension Installments due _____ to _____ (i.e during the current financial year)

| TOTAL AMOUNT (Rs.) | Less Income Tax & Other Duties (Rs.) | Net Amount Payable (Rs.) |
|---|--------------------------------------|--------------------------|
| (C. V.) – I Tax slab % compulsory, if any | NIL | NIL |
| (Pension) – I Tax slab % compulsory, if any | | |

PAN No. & photo-state copy of PAN card (compulsory) _____

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.

Place: Mumbai

Date: _____

(Signature of Trustees)
Address: 245, Shipping House,
Madame Cama Road
Nariman Point Mumbai - 400021

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(s)

- (1) Shri/Smt _____ aged _____ yrs, relation _____ share _____
- (2) Shri/Smt _____ aged _____ yrs, relation _____ share _____
- (3) Shri/Smt _____ aged _____ yrs, relation _____ share _____
- (4) Shri/Smt _____ aged _____ yrs, relation _____ share _____
- (5) Shri/Smt _____ aged _____ yrs, relation _____ share _____

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. GS (CA) 706002139

(If the Nominee is minor, name & address of natural guardian is obligatory)

Name & Address of Natural guardian

Signature of Annuitant

Witness: _____

**Address: 245, Shipping House,
Madame Cama Road
Nariman Point Mumbai - 400021**

Signature of the Nominee

Place : Mumbai

Date : _____