



भारतीय जीवन बीमा निगम
Life Insurance Corporation of India

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

SECTION I

To be completed by Annuitant

To
Life Insurance Corporation of India,
P&GS Department, Mumbai Div I,
1st Floor, East Wing, "Yogakshema Building"
Mumbai - 400 021

I, Shri / Smt. _____ opt for payment of Pension for _____ years certain
and life thereafter with/without commutation.

My PAN NO. is _____

I request you to credit future Instalment of Pension directly to my Type of Bank A/c _____
Bank A/c No _____ in the Bank _____
Address _____

MICR CODE _____

IFSC CODE _____

(A blank, cancelled Cheque leaflet is enclosed herewith)

My Address for Correspondence

I, hereby declare, that the particulars given above are correct and complete. If the transaction is
delayed or not effected at all for reasons of incomplete or incorrect information, I would not
hold LIC responsible. I have read the option invitation letter and agreed to discharge the
responsibility expected of me as a participant under the Scheme.

(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. _____ N.A. _____

Monthly Instalment pension due Rs. _____ /-

Total Rs. _____ /-

Revenue Stamp
Of Rs. 1/-

Witness: _____
Place & Date _____

(Signature of Annuitant)

SECTION III

To be completed by Trustees

Life Insurance Corporation of India,
P&GS Department, Mumbai Div I,
1st Floor, East Wing, "Yogakshema Building"
Mumbai - 400 021

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 of Rs. _____ N.A. _____

Total Pension Instalments due _____ to _____ N.A. _____ (i.e during the current financial year)

| TOTAL AMOUNT | Less Income Tax & Other Duties | Net Amount Payable |
|--------------|--------------------------------|--------------------|
| Rs. /- | | Rs. /- |
| | | |

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: _____

(Signature of Trustees)

Date: _____

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. GS (CA)

Signature of Annuitant

Signature of Trustee

Signature of the Nominee

Place : _____

Date : _____