

Bank Authorization Letter

I, Son/Daughter/Wife of
....., would like to receive the sums
paid by LIC under Policy No. 103004094 to me electronically in my Bank account,
the details of which are as under:

Payee's Particulars

Name of Payee as in Bank Account	
Policy No.	103004094
* Pan Card No.	
Permanent Address of the Member	
District	
Pin code	
State	
Telephone Number with STD Code	
Mobile No.	
Email Address	

Bank Details

Name of Bank	
Bank Branch (Full Address)	
\$ Bank Account No.	
IFSC Code	

- Encls: 1. * Photo copy of Pan Card duly self attested.
2. ** Cancelled cheque.

(If cheque facility is not available, kindly get the above authorization letter attested from concerned Bank).

Signature _____
Name of Member _____
Emp. Code _____

POSOCO Employees Defined Contribution Superannuation Benefit (Pension) Fund Trust
B-9, Qutub Institutional Area, Katwaria Sarai, New Delhi-110016

(Applicable in Death cases only)

DISCHARGE RECEIPT

Received a sum of ₹ _____ (Rupees _____ only)
from POSOCO in full and final Settlement of Mr./Ms. _____ Emp.
Code No. _____ and his/her claims and demands under Master Policy No.
103004094 on my _____ (Retirement/ Resignation/ Pre-matured retirement/ VRS/ Leaving service
on account of Total Permanent Disablement or Sudden Disappearance/ Completion of tenure as Board Level
Appointee) from the services of POSOCO on _____ .

Date :

Place :

Rs.1/-
Revenue
Stamp

Signature of the Beneficiary across Revenue stamp

Name of the Beneficiary: _____

WITNESS:

SIGNATURE _____

NAME _____

ADDRESS _____

Secretary & Trustee
POSOCO Employees Defined Contribution
Superannuation Benefit (Pension) Fund Trust
B-9, Qutub Institutional Area
Katwaria Sarai
New Delhi-110016

POSOCO Employees Defined Contribution Superannuation Benefit (Pension) Fund Trust
B-9, Qutub Institutional Area, Katwaria Sarai, New Delhi-110016

Applicable to officials on Retirement/ Resignation/ Pre-matured retirement/ VRS/ Leaving service on account of Total Permanent Disablement or Sudden Disappearance/ Completion of tenure of Board Level Appointees)

DISCHARGE RECEIPT

Received a sum of ₹ _____ (Rupees _____ only)
from POSOCO in full and final Settlement of Mr./Ms. _____ Emp.
Code No. _____ and his/her claims and demands under Master Policy No.
103004094 on my _____ (Retirement/ Resignation/ Pre-matured retirement/ VRS/ Leaving service
on account of Total Permanent Disablement or Sudden Disappearance/ Completion of tenure as Board Level
Appointee) from the services of POSOCO on _____ .

Date :

Place :

Rs.1/-
Revenue
Stamp

Signature of the Member across Revenue stamp

Name of the member: _____

WITNESS:

SIGNATURE _____

NAME _____

ADDRESS _____

Secretary & Trustee
POSOCO Employees Defined Contribution
Superannuation Benefit (Pension) Fund Trust
B-9, Qutub Institutional Area
Katwaria Sarai
New Delhi-110016

POSOCO Employees Defined Contribution Superannuation Benefit (Pension) Fund Trust
B-9, Qutub Institutional Area, Katwaria Sarai, New Delhi-110016

FORM-N

(LETTER OF AUTHORITY FOR PAYMENT OF ANNUITY - OTHER THAN DEATH CASES)

No. POSOCO/CC/Pension

Date:

The Manager (P&GS),
LIC of India,
Delhi Divisional Office-1,
Jeevan Prakash, 6th & 7th Floor,
25, Kasturba Gandhi Marg,
New Delhi-110001

Dear Sir

Ref: Master Policy No. UIN: 103004094

We do hereby direct, authorize & empower you to pay Annuity on our behalf and as our agent to Mr./Ms _____, who left POSOCO on account of _____ *(Retirement/ Resignation/ Pre-matured retirement/ VRS/ Leaving service on account of Total Permanent Disablement or Sudden Disappearance/ Completion of tenure of Board Level Appointees)* after deduction of Income Tax and other taxes & duties, particulars of which are given as under:

1.	Membership No.	
2.	Name	
3.	Address of the member	
4.	Due date of pension	
5.	Amount of Pension	
6.	Income Tax / deductions, if any	
7.	Net amount payable	

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

For & on behalf of
POSOCO Employees Defined Contribution
Superannuation Benefit (Pension) Fund Trust

Secretary & Trustee

(Signature of the Annuitant)

POSOCO Employees Defined Contribution Superannuation Benefit (Pension) Fund Trust
B-9, Qutub Institutional Area, Katwaria Sarai, New Delhi-110016

FORM-N

(LETTER OF AUTHORITY FOR PAYMENT OF ANNUITY -DEATH CASES ONLY)

No. POSOCO/CC/Pension

Date:

The Manager (P&GS),
LIC of India,
Delhi Divisional Office-1,
Jeevan Prakash, 6th & 7th Floor,
25, Kasturba Gandhi Marg,
New Delhi-110001

Dear Sir,

Ref: Master Policy No. 103004094

We do hereby direct, authorize & empower you to pay Annuity on our behalf and as our agent to Mr./Ms _____, as beneficiary of the deceased member who died on _____, after deduction of Income Tax and other taxes & duties, particulars of which are given as under.

1.	Membership No.	
2.	Name of beneficiary	
3.	Address of the beneficiary	
4.	Due date of pension	
5.	Amount of Pension	
6.	Income Tax/deductions, if any	
7.	Net amount payable	

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

For & on behalf of
POSOCO Employees Defined Contribution
Superannuation Benefit (Pension) Fund Trust

Secretary & Trustee

(Signature of the Annuitant)

POSOCO Employees Defined Contribution Superannuation Benefit (Pension) Fund Trust
B-9, Qutub Institutional Area, Katwaria Sarai, New Delhi-110016

FORM-B

(IN DEATH CASES ONLY)

No. POSOCO/CC/Pension

Dated:

The Manager (P&GS),
L.I.C. of India,
P & GS Deptt., 6 & 7th Floor,
25, Kasturba Gandhi Marg,
New Delhi-110001

Dear Sir

Ref: Master Policy No. 103004094

1. We regret to advise that Mr./Ms. _____, member died on _____. In accordance with the nomination dated _____ made by the Member and registered in our books, the Beneficiary(ies) entitled to receive the benefits of the assurance on the life of the Member is / are:

Sl. No.	Name of Nominee	Address of Nominee	Relation-ship with Member	Date of Birth of Nominee	Proportion by which Pension will be shared

2. A certified copy of Date of Birth of beneficiary is attached.

3. The said Beneficiary has selected the option to receive the benefit in the form of Annuity payable as per option No..... and we have approved the said option for the Beneficiary. Accordingly the said Beneficiary is entitled to receive Annuity, as per details mentioned in his / her application. The 1st such installment falls due on _____.

4. We shall be passing to you, letters of authority to pay, on our behalf and as our agent, to the Beneficiaries of deceased Members the pension payment shown against their names in such letters and we agree and declare that the receipts signed by the said Beneficiary 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.

5. We hereby agree that, if at any time you are called upon to make payment to the Govt. of India of any sums towards Income Tax and any other taxes and duties in respect of the said Beneficiary in excess of the amounts deducted by the Corporation on the basis of deductions advised by us in the said letters of authority for payments, we shall reimburse the corporation such excess sums on receipts of the appropriate advice from them.

For & on behalf of
POSOCO Employees Defined Contribution
Superannuation Benefit (Pension) Fund Trust

Secretary & Trustee

POSOCO Employees Defined Contribution Superannuation Benefit (Pension) Fund Trust
B-9, Qutub Institutional Area, Katwaria Sarai, New Delhi-110016

FORM-C

**ON THE EXIT OF MEMBER FROM THE SERVICES OF POSOCO
(OTHER THAN EXIT DUE TO DEATH)**

No. POSOCO/CC/Pension

Dated:

The Manager (P&GS),
L.I.C. of India,
P & GS Deptt., 6th & 7th Floor,
25- Kasturba Gandhi Marg,
New Delhi-110001

Dear Sir

Ref: Master Policy No. 103004094

We hereby give you notice that Mr./Ms. _____, has Left / Retired from the services of POSOCO on _____. The said member has selected the option to receive the benefit in the form of Annuity payable as per option No. _____. We have approved the said option for the member. Accordingly, the said member is entitled to receive the annuity. The details of the member are given in the enclosed application of Pension. The 1st installment of pension becomes due on _____

We shall be passing to you, letters of authority to pay, on behalf and as our agent, to the Members who have left the service/retired from service the pension, 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 the Govt. of India any sums towards Income Tax and any other taxes and duties in respect of the said Member in excess of the amounts deducted by the Corporation on the basis of deductions advised by us in the said letters of authority for payments, we shall reimburse the corporation such excess sums on receipts of the appropriate advice from them.

Upon the death of the Member the outstanding installment of the pension, if any, or the balance of the guaranteed installments of pension, if any, shall be paid to us or under our instructions, to the nominee of the Member as intimated by us.

For & on behalf of
POSOCO Employees Defined Contribution
Superannuation Benefit (Pension) Fund Trust

Secretary & Trustee

POSOCO Employees Defined Contribution Superannuation Benefit (Pension) Fund Trust

B-9, Qutub Institutional Area, Katwaria Sarai, New Delhi-110016

Applicable in other than Death cases

No. POSOCO/CC/Pension

Date:

The Manager (P&GS)
LIC of India
Delhi Divisional Office – 1,
Jeevan Prakash, 6th, 7th Floor,
25, K.G. Marg,
New Delhi – 110 001.

Dear Sir,

Reg: Master Policy No. 103004094 – Claim Papers.

Enclosed please find herewith the following documents for Annuity in favour of Mr./Ms. _____, Pension A/c No. _____, Member.

- a) Form C - Letter to LIC
- b) Form N – Letter of Authority
- c) Application of Pension
- d) Nomination Form
- e) Two advance discharge receipts

Encls: As above

For and on behalf of
POSOCO Employees Defined Contribution Superannuation Benefit (Pension) Fund Trust

Secretary and Trustee

POSOCO Employees Defined Contribution Superannuation Benefit (Pension) Fund Trust

B-9, Qutub Institutional Area, Katwaria Sarai, New Delhi-110016

Applicable in Death cases only

No. POSOCO/CC/Pension

Date:

The Manager (P&GS)
LIC of India
Delhi Divisional Office – 1,
Jeevan Prakash, 6th, 7th Floor,
25, K.G. Marg,
New Delhi – 110 001.

Dear Sir,

Reg: Master Policy No. 103004094 – Claim Papers.

Enclosed please find herewith the following documents for Annuity in favour of Mr./Ms. _____, Pension A/c No. _____, Beneficiary.

- a) Form B - Letter to LIC
- b) Form N – Letter of Authority
- c) Application of Pension
- d) Nomination Form
- e) Two advance discharge receipts

Encls: As above

For and on behalf of
POSOCO Employees Defined Contribution
Superannuation Benefit (Pension) Fund Trust

Secretary and Trustee

POSOCO Employees Defined Contribution Superannuation Benefit (Pension) Fund Trust
B-9, Qutub Institutional Area, Katwaria Sarai, New Delhi-110016

APPLICATION OF PENSION ON

(Retirement/ Resignation/ Pre-matured retirement/ VRS/ Leaving service on account of Total Permanent Disablement or Sudden Disappearance/ Completion of tenure of Board Level Appointees)

* Delete whichever is not required.

1. Name
2. Emp. code :
3. Pension Account No. :
4. Permanent Address :

5. Date of Appointment :
6. Date of entry into the Scheme :
7. Date of exit:
8. Mode of exit (Specify) :
*(Retirement/ Resignation/ Pre-matured retirement/ VRS/ Leaving service on account of Total Permanent Disablement or Sudden Disappearance/ Completion of tenure of Board Level Appointees)
9. Date of Birth :
10. Details of Nominee :

Sl. No.	Name of Nominee	Address of Nominee	Relation-ship with Member	Date of Birth of Nominee [§]	Proportion by which Pension will be shared

[§] (attach self-attested copy of date of birth of nominee)

11. Option to choose pension
 - i) Annuity for life
 - ii) Annuity for life with return of Capital (ROC)
 - iii) Annuity for 5 years certain & Life thereafter
 - iv) Annuity for 10 years certain & Life thereafter
 - v) Annuity for 15 years certain & Life thereafter
 - vi) Annuity for 20 years certain & Life thereafter

- vii) Annuity for life increasing at a simplest rate of 3% p.a.
 - viii) Annuity for life with a provision for 50% of the annuity payable to the spouse on death of the annuitant
 - ix) Annuity for life with a provision for 100% of the annuity payable to the spouse on death of the annuitant
 - x) Annuity for life with a provision for 100% of the annuity payable to the spouse on death of the annuitant with return of purchase price on death of last annuitant
12. Mode of payment of pension: _____ (Monthly/Quarterly/Half-yearly/Yearly)
13. If you wish to transfer your annuity servicing to your nearest LIC Divisional Office please specify the area : _____
14. Mode of Annuity Payment: * By Bank transfer or by Cheque.
If by Bank transfer – attach ECS mandate form.

Encls: 1. DOB Certificate of Nominee
2. ECS Mandate form

(Signature of Member)

To be completed by A/Cs / Pay Roll

15. Remittance particulars after last schedule i.e. as on 31st March of the Preceding Year)

Month	Year	Employer Share of Contribution	Employee Share of Contribution
April			
May			
June			
July			
August			
September			
October			
November			
December			
January			
February			

Manager/Finance/Salary

The particulars at Sl. No. 1 to 9 have been verified at our end and we certify that these are correct.

HR

Secretary,
POSOCO Employees Defined Contribution
Superannuation Benefit (Pension) Fund Trust

POSOCO Employees Defined Contribution Superannuation Benefit (Pension) Fund Trust
B-9, Qutub Institutional Area, Katwaria Sarai, New Delhi-110016

APPLICATION OF PENSION ON DEATH OF MEMBER

* Delete whichever is not required.

1. Name
2. Emp. code :
3. Pension Account No. :
4. Permanent Address :
5. Date of Appointment :
6. Date of entry into the Scheme :
7. Date of Death:
(Attach copy of Death Certificate, duly attested by nominee / Beneficiary)
8. Date of Birth :
9. Name of Spouse:
10. Details of Nominee/ Beneficiaries :

Sl. No.	Name of Nominee	Address of Nominee	Relationship with Member	Date of Birth of Nominee [§]	Proportion by which Pension will be shared

[§] (attach self-attested copy of date of birth of nominee)

11. Option to choose pension
 - i) Annuity for life
 - ii) Annuity for life with return of Capital (ROC)
 - iii) Annuity for 5 years certain & Life thereafter
 - iv) Annuity for 10 years certain & Life thereafter
 - v) Annuity for 15 years certain & Life thereafter
 - vi) Annuity for 20 years certain & Life thereafter
 - vii) Annuity for life increasing at a simplest rate of 3% p.a.
 - viii) Annuity for life with a provision for 50% of the annuity payable to the spouse on death of the annuitant
 - ix) Annuity for life with a provision for 100% of the annuity payable to the spouse on death of the annuitant

- x) Annuity for life with a provision for 100% of the annuity payable to the spouse on death of the annuitant with return of purchase price on death of last annuitant

12. Mode of payment of pension: _____ (Monthly/Quarterly/Half-yearly/Yearly)
13. If you wish to transfer your annuity servicing to your nearest LIC Divisional Office please specify the area : _____
14. Mode of Annuity Payment: * By Bank transfer or by Cheque.
If by Bank transfer – attach ECS mandate form.

Encls: 1. DoB Certificate of Nominee
2. ECS Mandate form

(Signature of Beneficiary / Nominee)

To be completed by A/Cs / Pay Roll

15. Remittance particulars after last schedule i.e. as on 31st March of the Preceding Year)

Month	Year	Employer Share of Contribution	Employee Share of Contribution
April			
May			
June			
July			
August			
September			
October			
November			
December			
January			
February			

Manager/Finance/Salary

The particulars at Sl. No. 1 to 10 have been verified at our end and we certify that these are correct.

HR

Secretary,
POSOCO Employees Defined Contribution
Superannuation Benefit (Pension) Fund Trust