



LIC

भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Phone : (011)23350678, 23314970, 23354984
Toll Free : 1800118899 FAX: 011-23350832
Email-ID : bo_g103@licindia.com
Visit us at : www.licindia.in

"Jeevan Prakash", 7th Floor
25, Kasturba Gandhi Marg,
New Delhi-110001

Dear Annuitant.

We have the pleasure in advising you that in continuation of the various client friendly measures undertaken by the LIC, we have introduced, for your convenience the facility of payment of pension through NEFT whereby the amount of your pension can be directly credited to your designated account on the first of every month without any manual intervention and without any additional cost. It would save you the botheration of visiting your bank for depositing the cheque into your account and await clearance thereof, before the said money can be put to use.

ANNUITY PAYMENT THROUGH NEFT

The Reserve Bank of India has introduced NEFT to get direct credit of the payment, so if you get enrolled for NEFT, your annuity payment in future will be credited in said Bank account on the first day of due month without any hassles.

The attached NEFT form may be used to complete the requirement for NEFT facility we are looking forward for your cooperation to serve you better.

For Payments through NEFT, we require the IFSC code No. The payment through NEFT can be made in any bank in India having NEFT IFSC Code

In case NEFT/IFSC code is not printed on your cheque, kindly obtain it from your bankers

With kind regards

Your Sincerely

Secretary (Servicing Hub)



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OPTION FOR ANNUITY PAYMENT BY NEFT

The following is a confirmation of my bank account details and I here by affirm my choice to opt for payment of annuity through NEFT. I understand that LIC OF INDIA also reserves the right to send the annuity payable to e by a physical cheque on account of any unforeseen circumstances beyond the control of LIC OF INDIA, that may affect payment of annuity through NEFT.

Annuity No.

Annuitant's Name :

Bank Name

Bank Branch

Bank Account type (SB/) :-

Bank Account Number :-

IFSC Code (For NEFT payment).....

In case NEFT/ IFSC code is at printed on your cheque, kindly obtain it from your bankers.

Please attach a blank cancelled cheque or photocopy of your bank cheque with above particulars.

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 agree to discharge the responsibility expected of me as a participant under the scheme.

Land Line of annuitant..... Mobile NO of annuitant.....

E-mail ID of customer..... PAN No of annuitant.....

Date.....

(
(Signature of Annuitant)

Particulars showing height and personal identification of

Shri

To be completed by Trustees on Leaving Services

FORM 'C'

Retirement of Member

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

Reg. : Master Policy No. GS/GSI/GSCA

Name of Member
(Assee No.)

Dear Sir,

Whereby give you notice that the above member has Left/Retired for the service of _____ with effect from _____ and in accordance with the option exercised by him is entitle to receive from the said date a pension of Rs. 31,180/- (Rupees _____) payable as per option exercised option No. _____ 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 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 shall agree that, if 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 member in excess of the amounts deducted by the Corporation on the basis of deduction advised by us in 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.

Dated at _____ this _____ day of _____ 2013

(SIGNATURE OF TRUSTEES-with seal)

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Application for pension on retirement of leaving the Services
of employer. In case of death, another form to be used)

The Manager(P&GS)
LIC of India
Delhi Divisional Office-1
Jeevan Prakash, 6th, 7th Floor,
25, K. G. Marg,
New Delhi-1 10001

Dear Sir,

Re: Master Policy No. *GSCA/GS*

Fvg Mr. _____

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

1. Address at which pension payment is to be made
2. Date of Appointment
3. Date of entry into the Scheme
4. Date of exit (Leaving)
5. Mode of exit(Retirement)
6. Date of Birth of member
7. Option to choose pension
 - (i) Life pension ceasing at death. No purchase price shall be paid on death to beneficiary. No guaranteed payments
 - (ii) 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 payments pension shall be continued to be payable till life. (Please specify period)
 - (iii) Life pension ceasing at death of member with return of capital (purchase price) to beneficiary alongwith group pension terminal bonus declared by LIC

(iv) Joint life and Last survivor pension to member and his/her spouse (without any guaranteed payments as in case of 1)

(v) Joint life and last survivor pension to the member and his her spouse with return of purchase price on death of last survivor alongwith group pension terminal bonus declared by LIC.

8. Mode of payment of pension (specify): MLY / QLY / HLY / YLY.

9. State whether member wants commutation of pension as per prevalent Income Tax Rules: (yes / no) _____ as per prevalent Income Tax Rules (Please note that at present member can commute maximum to 1/3(33.33%). This proportion price may range maximum up to 1/2 (50%) if member is not eligible to get gratuity).

10. Do you want to transfer your annuity servicing to your nearest LIC Div. Office specify area

11. Remittance particulars after Last Schedule (Please attach separate sheet).

12. PAN NO.

13. DA %-

14. ECS mandate/ NEFT

Yours faithfully,

(Signature of the member) _____

Name & Address _____

(TRUSTEE) _____

Dated: _____

(ALL COLUMNS ARE MANDATORY, CLAIM WILL NOT BE PROCESSED IF LEFT BLANK)

(LETTER OF AUTHORITY FOR PAYMENT OF ANNUITY)

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

Dear Sir

Re: Master Policy No GS/GGI/GS (CA)

We hereby direct, authorise & empower you to pay on our behalf 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 & duties, particulars of which have also been given in the list.

Membership No.	Name of the Member & Address	Due date of pension	Amount of Pension	Income Tax net deduction amount, if payable any

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

Master Sr.No.	Pol.	Name of the Beneficiary & Address	Due date of pension	Amount of Pension	Income Tax deduction any	Net amount payable

We hereby admit and acknowledge that the above mentioned payments 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 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 _____ 2013

Yours Faithfully,
(Signature of the Trustees)
For Self and on Behalf of the Co-Trustee
Of Superannuation Fund

(Signature of the Annuitant)

(17)

LIC OF INDIA, PGS UNIT,
25, K. G MARG, NEW DELHI 110001.
* MANDATE FOR ECS *

PARTICULARS OF BANK ACCOUNT

	ANNUITY NO.		
A.	BANK NAME		
B.	9-DIGIT CODE NUMBER OF YOUR BANK APPEARING ON THE MICR CHEQUE ISSUED BY YOUR BANK AND A PHOTOCOPY OF CANCELLED CHEQUE MAY BE ENCLOSED		
C.	YOUR BANK A/C NO.		
D.	YOUR BANK BRANCH ADDRESS		

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 THE USER INSTITUTION RESPONSIBLE. I HAVE READ THE OPTION INVITATION LETTER AND AGREE TO DISCHARGE THE RESPONSIBILITY EXPECTED OF ME AS A PARTICIPATION UNDER THE SCHEME. I ALSO CONFIRM THAT MY ABOVE ACCOUNT IS IN MY SINGLE NAME.

SIGNATURE OF ANNUITANT

(NAME OF ANNUITANT)
TELNO/FAX.....

FOR USE BY BANK OFFICIAL

WE CONFIRM THAT THIS ACCOUNT IS IN THE SINGLE NAME OF THE ABOVE ANNUITANT. IT IS ALSO CERTIFIED THAT THE PARTICULARS FURNISHED ABOVE ARE CORRECT AS PER OUR RECORDS.

BANK STAMP

SIGNATURE OF AUTHORISED
BANK OFFICIAL

DATED:-

PS. 1. THE XEROX COPY OF CHEQUE LEAVE SHOULD BE ATTACHED
2. ALL FIELDS SHOULD BE FILLED PROPERLY.

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DISCHARGE RECEIPT

Received from Life Insurance Corporation of India a sum of Rs. _____
(Rupees _____)

During the amount of refund of deposit under Master Policy No.

Dated at on this day of 2013

WITNESS
Signature
NAME
Designation
Address

Rs. 1/-
Revenue
Stamp

.....
Signature of the authorized signatory
Name

Designation :-

Annexure-A

**Willingness Form For Retired/Retiring Employee For Availing
Medical Reimbursement Facility of IWAI**

1. Name of the Pensioner :
2. Designation :
3. Present Address :
4. Date of retirement :
5. Pay Scale at the time of retirement :
6. Last Basic Pay in the PPO. :
7. Pension payment order (PPO) no. :
(Photocopy of PPO to be enclosed)
8. Regional/Head Office where reimbursement to be claimed : Noida/Patna/Kolkata/Guwahati/Kochi
(strike off whichever is not applicable)
9. Details of family/dependant alongwith proof of Age :
(As defined in CGMAR Rules)

Sl. No.	Name	Relation	Age	with Date of Birth
1.				
2.				
3.				
4.				

10. I _____ hereby opt/do not opt to avail medical reimbursement facility.
11. I _____ hereby certify that none of my dependents including self are employed or having any other source of income.
12. I _____ will pay Rs. _____ towards CGHS contribution for 120 months.
13. Details of Cheque/Draft :
Cheque/Draft no. _____ issuing bank _____ date _____ payable to IWAI-Fund at Noida/New Delhi.

(Signature of Pensioner)

(To be filled by bank where pension is disbursed)

I _____ hereby verify that the above part are true to my knowledge.

Signature of Bank Manager/Gazetted Officer/
Officer in-charge of Regional office, IWAI
with Stamp

DETAIL OF BANK ACCOUNT FOR RELEASE OF PAYMENT THROUGH ELECTRONIC FUND TRANSFER SYSTEM

MY BANK ACCOUNT DETAILS ARE FURNISHED AS BELOW:-

I _____ (Name of the Pensioner) hereby request you to give medical reimbursement crediting my bank account by E-payment mode as per account details given below. I hereby undertake to intimate IWAI in case of any change in particulars given below and will not hold IWAI responsible for any delay/default due to any technical reasons beyond IWAI's control:-

Bank Account Number	:	_____
RTGS/NEFT/IFSC Code	:	_____
Name of the Bank	:	_____
Address of the Branch of the Bank	:	_____
Branch Code	:	_____
Account Type (Saving/Current/Others)	:	_____

A BLANK CHEQUE (CANCELLED) IS ENCLOSED HERewith

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or credit is not affected at all for reasons of incomplete or incorrect information, I would not hold IWAI responsible.

(Signature of Pensioner)

Date: _____

BANK CERTIFICATION

It is certified that above mentioned beneficiary holds a bank account no. _____ with our branch and the bank particulars mentioned above are correct.

Date: _____

Signature of Bank Manager/
with Seal/Stamp