

**Claim Form For
Midhani Non-Executives Defined Contribution Superannuation
Pension Scheme (MNEXDCSPS)
(On Retirement from Midhani Death of Member)**

To

The Divisional Manager, P&GS Dept.
LIC OF INDIA,
Divisional Office,
Saifabad, Hyderabad.

MASTER POLICY NO:

1. Name of Member :
2. Staff No :
3. Name of Spouse :
4. Date of Birth (Self) :
5. Date of Birth (Spouse) :
6. Date of Appointment :
7. Date of entry into the scheme :
8. Date of Exit :
 - a. Mode of Exit :
 - b. In case of Death, cause of death :
(Certificate to be furnished)
9. Address with contact details :
10. Final Contribution, if any, on cessation of service:
11. State whether member wants to commute part of pension as per prevalent Income Tax Rules (mention Yes/No) :
12. If YES, mention what Proportion (Upto maximum of 1/3):
13. Type of Pension Option elected:
(Mention from below options)
 - a) Life Pension
 - b) Pension guaranteed for 5 yrs + life

- c) Pension guaranteed for 10 yrs + life
- d) Pension guaranteed for 15 yrs + life
- e) Pension guaranteed for 20 yrs + life
- f) Life pension with return of corpus
- g) Joint life pension
- h) Annuity for life increasing at a simple rate of 3% p.a.
- i) Annuity for life with a provision for 50% of the annuity payable to the spouse on death of the Annuitant.
- j) Annuity for life with a provision for 100% of the annuity payable to the spouse on death of the annuitant and return of corpus on death of the spouse.

14. Mode of annuity: (Mly/Qly/Hly/Yly):

15. If pension is to be paid to Nominee/Beneficiary, Mention as under:

- a) Name of the Nominee/Beneficiary:
- b) Date of Birth of the Nominee/Beneficiary:
- c) Relationship with Employee:
- d) Proportion by which pension will be shared:
- e) Address of the Nominee/ Beneficiary:

- f) Specimen Signatures of Nominee/Beneficiary:
 - 1) _____
 - 2) _____

16. Remittance particulars to be provided as per enclosed bank authorization letter to which Pension is to be credited.

17. Do you want Policy records to be transferred to nearest Servicing unit of LIC to your correspondence address: Yes/No

If 'Yes' please mention name of the P&GS Unit of LIC with contact Details:

- I. Land Telephone No (with STD Code) :
- II. Mobile Number :
- III. E mail ID :

18. PAN No of the Member (enclose PAN Card Copy):

(Signature of the Member)

(Signature OF THE TRUSTEE)

Bank Authorization Letter
(To be completed by Annuitant)

To,
The Divisional Manager, P&GS
Life Insurance Corporation of India,
Divisional Office,
Saifabad, Hyderabad.

I, Shri/Smt. _____ Opt

For payment of Pension for _____ years
certain and life thereafter/ Only Life/ROC, with/without commutation. I request you to
credit future Installment of Pension directly to my Bank.

1. Type of Bank A/c : _____

2. Bank A/c No : _____

3. Name of the Bank & Branch : _____

4. Address of the Branch : _____

5. MICR No. (9 – DIGIT CODE) : _____

6. IFSC code : _____

7. My Address for Correspondence: _____

(Note: Please enclose Xerox copy of Cheque leaflet or first page of bank pass book indicating
A/C no. details)

(Signature of Annuitant)

Date: _____

Place: _____

Discharge Receipt
(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:

Commuted Value Rs. _____

Yly/ H. Yly/ Qly/ Mly Installment pension due Rs:

Total Rs:

Revenue Stamp
of Rs. 1/-

Witness:

Signature _____

(Signature of Annuitant)

Address: _____

Place & Date _____

FORM OF APPOINTMENT OF NOMINEE/BENEFICIARY
(To be completed by the Annuitants and witnessed by the Trustees)

I, Shri/Smt _____ is a Member of the Midhani Non-Executives Defined Contribution Superannuation Pension Scheme, hereby nominate Shri/Smt _____
_____ Date of birth _____ /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.

Signature of Annuitant

Witness by Trustee:

Signature with seal

Signature of the Nominee

Place: _____

Date: _____