**BSNL Employees Superannuation Pension Fund Trust**

Applicable in Death cases only

No. BSNL/ 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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ – Claim Papers.**

Enclosed please find herewith the following documents for Annuity in favour of Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Pension A/c No. (LIC ID ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Beneficiary.

1. Form B - Letter to LIC
2. Form N – Letter of Authority
3. Application of Pension
4. Nomination Form
5. Two advance discharge receipts

Encls: As above

For and on behalf of

BSNL Employees Superannuation Pension Fund Trust

Trustee

**BSNL Employees Superannuation Pension Fund Trust**

**FORM-B**

**(IN DEATH CASES ONLY)**

No.BSNL/ Dated:

The Manager (P&GS),

L.I.C. of India,

P & GS Deptt., 6 & 7th Floor,

25, Kasturba Gandhi Marg,

New Delhi-1 l0001

Dear Sir

**Ref: Master Policy No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. We regret to advise that Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, member of Superannuation Pension Fund Trust 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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. A certified copy of Date of Birth of beneficiary is attached.
2. The said Beneficiary/ies has/have 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.
3. 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.
4. 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

BSNL Employees Superannuation Pension Fund Trust

Trustee

**BSNL Employees Superannuation Pension Fund Trust**

**FORM-N**

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

No.BSNL / Date:

The Manager (P&GS),

LIC of India,

Delhi Divisional Oflice-1,

Jeevan Prakash, 6th& 7th Floor,

25, Kasturba Gandhi Marg,

New Delhi-110001

Dear Sir,

**Ref: Master Policy No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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.

|  |  |  |
| --- | --- | --- |
|  | Membership No. |  |
|  | Name of beneficiary |  |
|  | Address of the beneficiary |  |
|  | Amount of Pension |  |

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

**BSNL Employees Superannuation Pension Fund Trust**

Trustee

(Signature of the Annuitant)

**BSNL Employees Superannuation Pension Fund Trust**

**APPLICATION OF PENSION ON DEATH OF MEMBER**

\* Delete whichever is not required.

1. Name
2. HRMS No :
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)*

1. Date of Birth:
2. Name of Spouse:
3. 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)

1. Option to choose pension
2. Annuity for life
3. Annuity for life with return of Capital (ROC)
4. Annuity for 5 years certain & Life thereafter
5. Annuity for 10 years certain & Life thereafter
6. Annuity for 15 years certain & Life thereafter
7. Annuity for 20 years certain & Life thereafter
8. Annuity for life increasing at a simplest rate of 3% p.a.
9. Annuity for life with a provision for 50% of the annuity payable to the spouse on death of the annuitant
10. Annuity for life with a provision for 100% of the annuity payable to the spouse on death of the annuitant
11. 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. Mode of Annuity Payment: \* By NEFT transfer

Encls: 1. DoB Certificate of Nominee

2. NEFT form

(Signature of Beneficiary / Nominee)

**To be completed by A/Cs / Pay Roll**

1. 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 |  |  |  |

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

Signature with Seal

Head of the Office

Trustee,

BSNL Employees Superannuation Pension Fund Trust

**LIFE INSURANCE CORPORATION OF INDIA**

P & GS DEPTT, JEEVAN PRAKASH, 25 K G MARG, NEW DELHI 110001;

PH NO (011)23350678, 23314970, 23354984, TOLL FREE 1800118899

**OPTION FOR ANNUITY PAYMENT BY NEFT**

The following is a confirmation of my bank account details and I hereby 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 me 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.

Name of Beneficiary:

Bank Name-

Bank Branch-

Bank Account type (SB/ Current)-

Bank Account Number-

IFSC Code (For NEFT Payment) -

In case NEFT /IFSC code is not 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 Beneficiary - Mobile No of Beneficiary -

Email-id of Beneficiary - PAN No of Beneficiary -

Date- Signature of Beneficiary

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

**Certification by the Bank**

(This is required only if cancelled cheque/ photocopy of cheque is not enclosed)

**It is certified that the bank details furnished as above are correct as per our records.**

Bank Stamp Signature of authorised signatory

**( To be completed by the Annuitant and Countersigned by the Trustees )**

**NOMINATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a member of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERANNUATION SCHEME hereby appoint nominees in terms of the Nomination Rules governing the Fund to receive the Pension in the event of my death during the guaranteed period as per the rules of the Fund or to receive the Capital refund under Return of Capital Scheme in the event of my death as given below :

****

If the nominee is minor , furnish the details of Appointee:

****

If Joint Life Pension is opted, furnish the following details:

****

I further agree and declare that upon such PENSION payment or RETURN OF CAPITAL amount, the Corporation will be discharged of all liability in this respect under the Master Policy No \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Place :**

**Date :**

**Signature of Member / Annuitant**

**Counter Signature by the Trustees :**

Signature of the Trustees :

Seal of the Trustees :

|  |
| --- |
|  |

**LIFE INSURANCE CORPORATION OF INDIA**

P & GS DEPTT, JEEVAN PRAKASH, 25 K G MARG, NEW DELHI 110001;

PH NO (011)23350678, 23314970, 23354984, TOLL FREE 1800118899

**(Applicable in Death cases only)**

**DISCHARGE RECEIPT**

Received a sum of http://www.excelfox.com/forum/attachments/f22/1188d1378037528-excel-number-format-indian-style-comma-separation-rupee-symbol.jpg\_\_\_\_\_\_\_\_\_\_\_ (Rupees\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ only)

from LIC in full and final Settlement of Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HRMS No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and his/her claims and demands under Master Policy No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on his death on \_\_\_\_\_\_\_\_\_.

Date :

**Rs.1/- Revenue Stamp**

Place :

Signature of the Beneficiary across Revenue stamp

Name of the Beneficiary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WITNESS:**

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For & on behalf of

**BSNL Employees Superannuation Pension Fund Trust**

Trustee

|  |
| --- |
|  |

**LIFE INSURANCE CORPORATION OF INDIA**

P & GS DEPTT, JEEVAN PRAKASH, 25 K G MARG, NEW DELHI 110001;

PH NO (011)23350678, 23314970, 23354984, TOLL FREE 1800118899

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from LIC in full and final Settlement of Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HRMS No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and his/her claims and demands under Master Policy No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on his death on \_\_\_\_\_\_\_\_\_.

Date :

**Rs.1/- Revenue Stamp**

Place :

Signature of the Beneficiary across Revenue stamp

Name of the Beneficiary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WITNESS:**

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For & on behalf of

**BSNL Employees Superannuation Pension Fund Trust**

Trustee