



भारतीय जीवन बीमा निगम  
LIFE INSURANCE CORPORATION OF INDIA

P&GS UNIT, DIVISION-1, JEEVAN PRAKASH,  
IV FLOOR, J.C. ROAD, BANGALORE -560 002  
EMAIL : [bo\\_g501@licindia.com](mailto:bo_g501@licindia.com). 22234911

**THE EMPLOYEE'S GROUP SUPERANNUATION SCHEME-  
MASTER POLICY NO. GS (CA)\_\_\_\_\_**

**INTIMATION OF RETIREMENT/DEATH/LEAVING SERVICE**

(To be completed in accordance with the terms and conditions as laid down in the Rules of the Scheme)

1. Name of the Member **SHANKAR KARNAM**
2. (a) LIC Membership No.  
(b) Salary Roll No./Identity No. **50470**
3. Date of entry into Scheme **NOT TO BE FILLED**
4. Date of Birth **18.11.1964**
5. Date of Exit **30.11.2024**
6. (a) Cause of Exit **SUPERANNUATION**  
(b) In case of death, (Death Certificate and Age Proof of Beneficiary to be attached)
7. Final Contribution in respect of the member : a. Amount Rs. **(FILLED BY TRUST)**  
b. Paid On
8. Income Tax Pan No: **AGYPK6380M**
9. Whether Member is eligible for Gratuity : **YES**
10. Whether option to commute part of pension exercised or not  
if yes, what proportion (1/3<sup>rd</sup> if eligible for Gratuity or 1/2 if not) : **NA**  
:
11. Type of Pension Option selected by the Member: **PLEASE SEE THE PAGE NO 2-2(A)**
12. In case of Joint Life Pension, Name and DOB of : Name : **ANITHA S**  
the spouse : Date of birth **25.12.1970**
13. Specimen Signature of the Member : 1. **SIGN** 2. **SIGN**
14. Income Tax on Annuity to be Deducted at the rate of **NIL**

For Self and Co-Trustees of KIOCL Employees' Defined Contributory pension Scheme

Place: **BENGALURU**

Date: **13.11.2018**

SIGNED BY TRUSTEE  
(TRUSTEE)

**N.B:- If no Income Tax is to be deducted against the above account, please write 'NIL' to question no.14.**

**( To be completed by the annuitant and witnessed by the Trustees)**

1. I, Shri/Smt **SHANKAR KARNAM** opt for the following:
- 2.

**A. PAYMENT OF PENSION**

**10**

(Mention one of the following types of Pension)

- 1 Annuity for life
- 2 Annuity for life with return of Capital (ROC)
- 3 Annuity for 5 years certain & Life thereafter
- 4 Annuity for 10 years certain & Life thereafter
- 5 Annuity for 15 years certain & life thereafter
- 6 Annuity for 20 years certain & life thereafter
- 7 Annuity for life increasing at a simple rate of 3% p.a.
- 8 Annuity for life with a provision for 50% of the annuity payable to the spouse on death of the annuitant
- 9 Annuity for life with a provision for 100% 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 with return of purchase price on death of last annuitant

**B. PAYMENT OF ANNUITY**

**Monthly OR Quarterly OR Half-yearly OR Yearly**

b. I request you to credit the Annuity payments directly to my Bank Account.

❖ Account Number. \_\_\_\_\_

❖ MICR Number \_\_\_\_\_

❖ IFSC CODE \_\_\_\_\_

❖ Name of the Bank \_\_\_\_\_

❖ Address of the Bank \_\_\_\_\_

❖ PAN NO \_\_\_\_\_

(Enclose a cancelled blank cheque leaf for the above ECS facility).

**EMPLOYEE SIGNATURE  
(Signature of the Annuitant)**

**C. NOMINATION**

I, Shri/Smt. **SHANKAR KARNAM** , a member of the **KIOCL Employees' Defined Contributory pension Scheme** (Name of the company) Employees' Superannuation Scheme, hereby nominate **Shri/Smt\_ ANITHA S aged\_48 years** who is related to me as WIFE 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 **WILL EB FILLED BY COMPANY.**

**Witness 1 NAME AND SIGNATURE**

**Address**

**Place**

**Date**

**( To be completed by the annuitant and witnessed by the Trustees)**

I, Shri/Smt. SHANKAR KARNAM do hereby acknowledge receipt 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 \_\_\_\_\_.

-----Installments of pension@ Rs-----

due from \_\_\_\_\_ to \_\_\_\_\_ Rs\_\_\_\_\_

Total Rs-----

**SIGN**  
**(Signature of the Annuitant)**

**Witness**

**MY ADDRESS**

**Address**

**Place BENGALURU**

**PHONE NO :XXXXXX**

**Date 13.11.2018**

**EMAIL ID ;XXXX.GMAIL.COM**

**Specimen signature 1. XXXX**

**2. XXXX**

(Member residing away from Bangalore may opt for transfer of annuity records to the nearest P&GS Unit)

**ANNEXURE-I**



**भारतीय जीवन बीमा निगम**  
**Life Insurance Corporation of India**

P&GS Unit, "Jeevan Prakash", IV Floor, J.C. Road, Bangalore – 560 002  
Ph : 2292647, FAX : 2293471, E-mail : licbgpgs@bgl.vsnl.net.in

**SECTION I**  
**(To be completed by Trustees)**

GROUP SUPERANNUATION SCHEME, MASTER POLICY NO. \_\_\_\_\_

We hereby direct, authorize and empower you to pay on our behalf to Shri/Smt-----  
-----, Membership No, \_\_\_\_\_, the pension amount as  
per option elected by him/her named above after deduction of Income Tax and other taxes  
& Duties as given below.

1. Commuted Value @ \_\_\_\_\_ of pension Rs. \_\_\_\_\_
2. Total of Pension installments due from \_\_\_\_\_ to \_\_\_\_\_ (i.e. during the current  
financial year)

| TOTAL AMOUNT | LESS INCOME TAX | 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 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 had been made to us and the receipts signed by us.

N.B:- If no tax is to be deducted against any of above account, please write 'NIL'.

Signature of the Trustees