



**CENTRAL WAREHOUSING CORPORATION  
(A GOVT. OF INDIA UNDERTAKING)**

**CWC's Defined Contribution Superannuating Benefit (Pension) Trust.  
4/1, Siri Institutional Area, Hauz Khas, New Delhi-110016**

**SPEED POST**

**Ph.011-26566648, Telefax-26566648  
E-mail: cwcpensiontrust@yahoo.com**

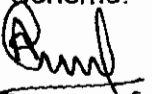
**CWC/I-RO-PC/Pen.Cell/2016**

**Dated: 28/06/2016**

**CIRCULAR**

It has been observed that after the death of first annuitant/pensioner, his/her legal nominee/nominees/Joint life members are facing a lot of problems for change of annuity certificate (in case of joint membership) or claiming for full payment of purchase price of the deceased member.

To overcome such problems, the matter has been discussed with LIC in length and LIC has provided some forms and statutory requirements which are to be submitted by nominee/nominees/Joint life members of the deceased Annuitant/Pensioner. These forms are being uploaded in CWC pension online software in PDF format for filling up by the applicant along with a covering letter addressed to Secretary Pension Trust. This will also help the applicants for accessing the required forms to be filled in right manner. All forms required to be filled, as the case may be, are being enclosed for reference and providing proper guidance to the applicants if needed. Moreover, it may also be circulated under your region for proper awareness amongst all the employees/ex employees who are the members of Pension Scheme.

  
28-6-16

**(AMIT GOEL)  
AGM (Estt.)/Secy. PT**

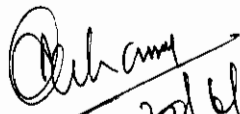
Encl. As above

**Distribution:**

1. All RM/CC Heads, CWC
- ✓ 2. GM (System), CWC, CO New Delhi with the request to upload the same on CWC website

**Copy to:**

SPA to chairman/PPS to MD/AM to DF/SPA to DP/PPS to Dir.(MCP), CWC, CO New Delhi.

  
28/6/16

  
28/6/16

The Secretary,  
CWC's DCSB (Pension) Trust,  
Central Warehousing Corporation,  
4/1 Siri Institutional Area,HauzKhas,  
**New Delhi**

Sub:- Forwarding of the Documents required for change of Annuity (In case of Joint life option)/ claim of full and final settlement of Purchase Price/ Capital due to death of Annuitant/Pensioner.

Sir,

In reference to the Annuity No.\_\_\_\_\_, It is to inform that my/our Husband/Wife/Father/Mother/Uncle/Aunty, Sh./Smt.\_\_\_\_\_ in whose name the above referred Annuity was issued has expired on \_\_\_\_\_. Due to this reason, I/We hereby submit the following documents for (Please choose one of the below options)

- A) Change of Annuity/Pension **(To be chosen and filled by Joint Life Member i.e Wife/Husband, whose name is mentioned in Annuity Certificate in case of the death of 1st Annuitant)**  
Or  
B) Payment of Purchase Price/Capital **(To be chosen by the nominee/nominees for full and final settlement of Pension Fund.)**

The enclosed documents are as under:-

- 1) Death Certificate in original or attested Photo copy.
- 2) Self-attested copy of ID Proof of applicant/applicants.(Voter Card/ Adhar Card/ Pass Port/Driving License etc.)
- 3) Copy of the Annuity Certificate
- 4) Duly filled Form 'N'(Only, If applying for change of Annuity i.e. mentioned at above 'A')
- 5) Discharge Slip (Only, if applying for Payment of Purchase Price/Capital i.e. mentioned at above 'B'. *This format has to be submitted by each nominee separately.*)
- 6) Duly filled Electronic Mode Application Form (To be filled separately by each and every applicant/applicants separately.)
- 7) Cancelled cheque leaf.
- 8) Photo copy of front page of bank pass book. (To be submitted by each and every applicant for their respective bank accounts.)

Thanking You

Yours Sincerely,

Name & Signature of Applicant(s)

Encl.:- As Above

Employee details:-

- 1) Name of Employee:
- 2) CPF/Emp. Code:

## (LETTER OF AUTHORITY FOR PAYMENT OF ANNUITY)

The Sr /Divisional Manager  
P & GS DEPTT.  
LIC OF INDIA,  
7<sup>TH</sup> FLOOR, K.G. MARG  
NEW DELHI-110001

Sir,

Re: Annuity No. \_\_\_\_\_

We hereby direct, authorise & empower you to pay on our behalf and as our agent to the under mentioned members, who 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 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
----------------	------------------------------	---------------------	-------------------	--

\_\_\_\_\_ Not Applicable \_\_\_\_\_

We likewise direct, authorise & empower you to pay on our behalf and as our agent to the under mentioned beneficiaries of diseased members 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.

Annuity No.	Beneficiary name & Address (Joint Life Member)	Name of Nominee	Address of Nominee	Relation with Beneficiary	DOB of Nominee	% of Share
-------------	---	-----------------	--------------------	---------------------------	----------------	------------

We hereby admit and acknowledge that the above mentioned payments which 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 me respective payments made to them and shall be fully binding on us as the payments had been made to us are the receipt signed by us.

Dated : \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_.

Yours faithfully,

(Signature of the beneficiary)

(Signature of the Trustee & Stamp)  
For self and behalf of the co trustee  
of Superannuation Fund



# Life Insurance Corporation of India

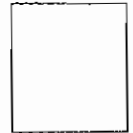
Pension & Group Schemes Unit "Jeevan Prakash" 6<sup>th</sup> & 7<sup>th</sup> Floor 25 K.G. Marg, New Delhi- 110001

## DISCHARGE SLIP

Received a sum of Rupees \_\_\_\_\_  
from the Life Insurance Corp. Of India in full and final settlement of all our claims  
and demands in respect of Shri \_\_\_\_\_  
Annuity No. \_\_\_\_\_ Under Master Policy  
No. \_\_\_\_\_ who expired on \_\_\_\_\_.

Dated \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

Revenue Stamp



Nominee Signature

Witness Signature

Name

Department

Designation

Signature of authorized

Signatory/Trustee

Name

Department

Designation

