



SALES FORMATS

Feedback to mr.hatmode@licindia.com

Created on
11/28/2025

Happy Working in Sales Department.

INDEX

SR.NO.	CONTENT	PAGE NO.
1.	AGENCY APPOINTMENT	4-10
2.	MCA-BIMA SAKHI	11-13
3.	RELATIVE AGENCY	14-15
4.	RCA	16-17
5.	CCA	18
6.	UCA	19
7.	IDENTITY CARD	20-21
8.	REINSTATEMENT	22-25
9.	ATTACHMENT	26
10.	REAPPOINTMENT	27-29
11.	A.T.C. CERTIFICATE	30
12.	BUSINESS IN HAND DECLARATION	31
13.	ELEGIBLE FOR RENEWAL COMMISSION (ERC) / ERC & HRC EXISTENCE CERTIFICATE	32-34
14.	HEREDIATERY COMMISSION (HRC)	35-47
15.	TRAVELLING EXPENSES (T.E. BILL) / DELAY IN SUBMISSION	48-50
16.	GRATUITY OF THE AGENT	51-57
17.	DISCHARGE FORM	58
18.	AGENCY TRANSFER	59
19.	SAMVARDHAN SCHEME	60-66
20.	SWAVLAMBAN SCHEME	66-89
21.	ADVANCES / FESTIVAL / EDUCATION	90-105
22.	HYPOTICATION DEED (AGENTS)	106-109
23.	CLAIM NIL CERTIFICATE	110
24.	PAYMENT DECLARATION ANN-I	111
25.	CHIEF LIFE INSURANCE ADVISOR (C.L.I.A) APPLICATION	112-113
26.	PREMIUM POINT	114
27.	MBG EXEMPTION	115-117
28.	COMMUTATION	118-119
29.	C.L.I.A. ALLOTMENT	120
30.	DEV. OFFICER ALLOTMENT	121
31.	MEDICLAIM AGENTS	122-125
32.	RESIGNATION OR SURRENDER OF APPOINTMENT BY AN AGENT	126-129
33.	Ind OPTION FOR CM,ZM CLUB AGENTS (PAYMENT BASED ON DECLARATION)	130
34.	PRINTING AND STATIONERY EXPENSES - ANNEXURE	131
35.	OFFICE ALLOWANCE SALES PROMOTIONAL GIFT / TELEPHONE REIMBURSEMENT	132-133
36.	TRANSFER OF VEHICLE / RTO (N.O.C)	134
37.	NOMINATION CHANGE IN AGENCY	135
38.	GROUP INSURANCE (G.I.) DEATH CLAIM	136-137
39.	S.B.A APPLICATION	138-139

40.	LAPTOP ADVANCE TO DEV. OFFICER	140
41.	TWO WHEELER TO DEV. OFFICER	141
42.	HYPOTICATION DEED (EMPLOYEES)	142-148
43.	OFFICE MAINTAINANCE ALLOWANCE (O.M.A) FOR S.B.A	149
44.	ADVANCE FOR PURCHASE OF SCANNER (SBA)	150
45.	EQUITABLE RELIEF FORMAT	151
46.	LIFE POINT TO DEV. OFFICERS	152
47.	BATTERY REPLACEMENT	153
48.	TYRE REPLACEMENT	154
49.	S.B.A. OFFICE INSPECTION REPORT	155
50.	INSPECTION REPORT VEHICLE (AGENTS & DEV. OFFICERS)	156-157
51.	INSPECTION REPORT OFFICE EQUIPMENT (AGENTS)	158-159
52.	MARRIAGE ATTENDANCE CERTIFICATE (AGENTS)	160
53.	INSPECTION REPORT LAPTOP (AGENTS)	161
54.	C.L.I.A - SUPERVISED AGENTS MONTHLY STATEMENTS APPOINTMENT & TERMINATION	162-163
55.	R.C.A. / C.C.A. / M.C.A. MONTHLY STATEMENTS	164-166
56.	NEW JOINERS STATEMENT	167
57.	QUARTERLY HORDING REPORT	168
58.	UTILITY CERTIFICATE 2/4 WHEELER	169
59.	SBA OFFICE ADVANCE	170-171
60.	CANCELLATION OF TRANSACTION BY SBA	172
61.	AUTHORIZATION TO WORK AS SBA	173-175
62.	SBA QMA DO TO BO	176-178
63.	REPORT OF INSPECTION OF BIMA CONNECT OFFICE OF SBA FOR ENGAGEMENT AS LICA	179
64.	FORM OF AGREEMENT TO BE SUBMITTED BY RETIRED SBA AT THE TIME OF APPOINTMENT AS LICA	180-185
65.	ADDENDUM TO THE ENGAGEMENT LETTER OF LICA	186-187
66.	DRAFT INDEMNITY BOND FOR BIMA CONNECT OFFICE	188-190
67.	LICA APPLICATION	191-194
68.	MONTHALY STATEMENT OF CLIA	195
69.	CLIA APPOINTMENT LETTER	196
70.	ID CARD SUBMISSION BY TERMINATED AGENT	197

FORM I-A

APPLICATION FOR APPOINTMENT TO ACT AS AN INSURANCE AGENT

(With a Life Insurer OR General Insurer OR Health Insurer)

TO

(Name of the Insurer),
-----,
-----,
-----.

Paste self
attested
passport
Size
Photograph

DEAR SIRs,

I request that Appointment to act as an insurance agent of your organisation may be granted to me.

I hereby declare that particulars given below are true and that the APPOINTMENT for which I apply will be used only by myself for soliciting or procuring insurance business for your Insurance Organisation

(1) Name: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

(2) Title: State 1 if Mr., 2 Mrs., 3 Miss: []

(3) Father's/Husband's Name [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

(4) Full Address:

House No			
Street			
Town			
District			
State			
Pin Code			
Mobile No		Email id	

(5) Date of Birth: Day- Month-Year [] []-[] []-[] [] [] [] Attach Age proof

(6) Educational Qualifications. (Tick the right Box) (Attach self-attested certificate)

Class X	Class XII	Graduate	Post Graduate	Others

(7) PAN CARD Number _____ (attach self-attested copy of the PAN CARD)

(8) Particulars of pass in pre-recruitment test conducted by the Insurance Institute of India or any Examination Body :

Name of Examination Body:		
Candidate's Name:		
Candidate's Number:		
Centre of Examination		
Name of the Exam passed		
Date of Passing		(Day- Month-Year)

(9) Furnish the details of any insurance agency in force or ever hold by the applicant:

Name of the Insurer	Agency code Number	Date of Appointment as agent	Date of cessation of Agency	Reason for cessation of agency

*Please attach Agency cessation letter issued by the insurer

10: Details of other insurance related activities undertaken, if any:

11. I declare that----

- (a) I have not been found to be of unsound mind by a court of competent jurisdiction;
- (b) I have not been found guilty of criminal misappropriation or criminal breach of trust or cheating or forgery or an abetment of or attempt to commit any such offence by a court of competent jurisdiction;
- (c) I have not been found guilty of or to have knowingly participated in or connived at any fraud, dishonestly or mis-representation against an insurer or an insured.

Place

Yours faithfully,

Date:

Signature of applicant



ANNEXURE 1

M.R. No. _____ Date: _____ BRANCH OFFICE: _____

Amount : _____ Registration No. _____

**ANNEXURE TO APPLICATION FOR APPOINTMENT TO ACT AS AN INSURANCE AGENT
(Grant of agency will be subject to the provisions of Insurance Regulatory and
Development Authority of India Guidelines for Appointment of Insurance Agents,
2015)**

1)(a) Name: Mr./Mrs./Miss _____

(In Block letters, Surname First)

(b) Nationality : _____ (c) Sex : M/F (d) Category : Gen/SC/ST/OBC

(e) Marital Status: Married/Unmarried/Widow/Widower/Divorcee

(f) What has been your usual state of health: _____

(g) Do you have any bodily defect of deformity, if so give details: _____

(2) Bank Account Details : (a) Nature of account _____ (b) Name of
Bank _____

(c) Account No. _____ (d) IFS Code _____

(Enclose cancelled cheque leaf/First page of Bank Pass Book)

(3) Phone No. Land Line with STD Code _____ Mobile No. _____

Do you wish to receive communications through SMS on the above mobile number ?
Y/N

(4) E mail ID : _____

Do you wish to receive communications through email on the above e mail id? Y/N

(5) Whether sponsored by a Development Officer/CLIA : Yes/No

(6) If sponsored by a Development Officer/CLIA then following details to be furnished:

- (a) Name of Development Officer/CLIA _____
(b) His/her code number _____
(c) His/her Branch Office _____
(d) His /her Divisional Office _____

(7) Are you related to any of the Corporation's:

- (a) Existing Employees(Development Officers,Officers on Administrative or Development side,Staff Members) (b) Ex- employees _____(c) Existing Agents _____ (d) Ex-agents _____ (e) Medical examiner ____OR
(f) Are you an employee of a Medical Examiner?____ If your answer is 'YES' to any of the above please give the following particulars about his/her applicable :

Name _____ Designation _____
Relationship with you _____ Agency Code No. _____
Officer under which he/she works _____ Date of cessation of Agency _____ Name of the Development Officer: _____ Code No. _____

(8) Is your spouse in the service of State/Central Government/Public sector Undertaking,including Town Municipality, Municipal Corporation, Zilla Parishad , Gram Panchayat,etc? : **Yes/No**

If yes, No objection certificate from employer is required.

What is your Guardian's/Husband's/Wife's Occupation : _____

State his/her Office Address : _____

(9) (a) What is your present occupation? _____

(b) If in employment,state full name and address of employer and nature of employment. _____

(c) Whether permission to take agency is required. **Yes/No.**

If Yes, whether same has been taken.

(d) Have you ever been adjudicated insolvent, applied for insolvency or compounded with your creditors?

(10) Are you having or had at any time an agency doing General Insurance business/Unit Trust of India/Public Provident Fund or in any other Investment/Chit Company? _____
If so , (a) Name of the Organisation _____

(b)Address _____ (c)Your code number if any _____

(11) Have you ever held a licence,state Number and Date of Expiry _____
otherwise say 'NIL'.

(12) If the applicant holds a certificate to act as a principal Agent and /or a Chief Agent and or a Special Agent,state No. and Date of expiry of the certificate or certificates held ;

if no certificate is held, say 'NIL' ;if any such certificates has been applied for, state the date of the application.

(13) (a) Give details of your past business experience _____ (b) State your personal environments, special facilities or business or personal connections you have or on which you depend or count upon for influencing business.

(14) Nominee: _____ Relationship: _____
Age: _____

In the event of cessation of my agency due to any reason whatsoever, I shall return my Appointment letter and I card to the Branch to which I am attached.

I agree to abide by the terms and conditions as laid down in various Regulations and Acts governing Life Insurance agency.

I do hereby declare that the foregoing statements and answers are to the best of my knowledge and belief, true and complete and they shall be the basis of contract of the agency between me and the Life Insurance Corporation of India and that if the foregoing statements or answers are untrue or incomplete the said contract shall stand automatically terminated from the date on which such knowledge comes to the Corporation.

I hereby confirm that this Agency Application has been completed by me in my own handwriting.

Date _____

Place _____

Signed in my presence

(Signature of Witness)

Name, Designation and Address

Signature of the Applicant

REPORT OF THE DEVELOPMENT OFFICER /CLIA

1) (a) Is the applicant related to

i) Yourself?

ii) Any other employee of the Corporation?

iii) Medical Examiner?

iv) Any existing or ex-agent of the Corporation within the area of the Division

(Write 'Yes' or 'No')

b) If the answer to any of the question under (a) is 'Yes' , please give following further information about the person to whom the applicant is related.

Name: _____ Designation

: _____ Territory: _____

Relationship: _____ (c) Is the applicant employed with a
Medical examiner of the Corporation? **Yes/No** If 'Yes' give details of the
the Medical Examiner _____ (d) Whether any

other family member is working as Agent with any other insurer? **Yes/No** If 'Yes'
specify _____

2) Are you satisfied that the applicant would be able to absorb the Agency Training and
conduct the Agent on his/her own? _____

3)(a) Will the applicant work for the Corporation (i) Full time or (ii)Part-
time? _____ (b) If part time, in what other business or activities is he
engaged and what is the nature of his duties?

(c)What is his approximate income from other business according to your information?

_____ (4) Place or area in which the applicant will do business

_____ (5) Was he ever in the insurance trade, directly
or indirectly ? _____ (6) Source from which application was

secured _____ (7) How long do you know the
applicant personally? _____ (8) Give particulars of

apparent bodily defect or deformity _____ (9) Any other
particulars such as education, social background, character, financial stability ,etc.

I do hereby declare that the foregoing statements and answers have been given after
due enquiries and are to the best of my knowledge and belief true and complete.

(SIGNATURE OF DEV.OFFICER/CLIA)

Place: _____

Name: _____

Date : _____

Code No: _____

Preliminary Interviews by Sr./Branch Manager

(1) Are you satisfied that the applicant is not related to the Development Officer, any employee of the Corporation , any Medical Examiner and /or another agent or Ex-Agent?

(2) Do you think, in your judgement the applicant would be able to absorb agency training and conduct the agency on his/her own?

(3) Any other remarks / observation

Date : _____

Signature of the Sr./ Branch Manager

Branch

Interview by the Appointing Authority on : _____

Remarks :

Signature of the Appointing Authority

Designated official

(Marketing Manager)

Affix
Passport
Size
photograph

LIFE INSURANCE CORPORATION OF INDIA

Branch _____, Division _____, Zone _____

APPLICATION FOR RECRUITMENT AS MAHILA CAREER AGENT UNDER THE "MAHILA CAREER AGENT-LIC's BIMA SAKHI SCHEME"

(To be filled in by the Applicant. Applicant is advised to read the "Instructions" before completing this Form)

-
1. a) Full Name (Block Letters with Surname First) : _____
 b) Nationality : _____
 c) Belong to (SC/ST/OBC/EWS/General): _____
 d) Marital Status: _____
 e) Number of Children : _____
 f) Other Dependents : _____

-
2. a) Present Postal Address in full : _____
 (Any changes in address should be _____
 Communicated immediately.) _____ Pin _____
 b) Permanent Address : _____
 _____ Pin _____
 c) Contact Number / Mobile Number : _____
 d) Email ID : _____

-
3. Father's / Husband's Name : _____
 Father's / Husband's Occupation : _____
 Father's / Husband's Residential Address : _____

-
4. a) Date of Birth : _____
 b) Place of Birth (Town, District and State) : _____
 c) Usual state of health : _____
 d) Having any bodily defects or Deformity : _____
 If so, give details _____
-

5. Education Qualification : _____

Academic Record:

	Institution	Year of Passing
S.S.C. or Equivalent		
HSC (10+2) or equivalent		
Graduation		
Other		

6. Language you can-

a) Read and Write : _____

b) Speak : _____

Mother tongue : _____

7. a) Your Present occupation : _____

b) Particulars of Employment:

Name of Employer	Nature of Work	PERIOD		Scale of pay and last Salary drawn	Reason for leaving & Date of leaving
		From	To		

c) If self-employed, mention the nature of Occupation: _____

Annual Income : _____

d) Have you ever been Adjudicated insolvent or : _____
applied for Insolvency

8. Are you related to any Development officer /Employee /Medical Examiner of LIC of India ?
:YES/NO _____

If YES, mention -

a) His/Her Name & office where he /she works: _____

b) Place : _____

c) Designation : _____

d) Relationship : _____

9. Is there any relative, near or distant, who is working-

As an Agent? YES/NO

If YES, give Agency Code Number, Branch _____

Office to which he is attached and exact relationship _____

10. a) Have you ever worked with LIC of India in the past, for any post?: YES/NO



If YES, give full details : _____

b) Have you at any time worked as an Agent with LIC, any General Insurance Company or any Private Insurance Company ?YES/NO

If YES, give full details. _____

11. Other Details :

a) Are you having any debts? YES / NO

If YES, Give full details _____

b) Are you under an obligation to repay money advanced by any person or Institution for your education or for any other purpose ? YES / NO

If YES, Give full details _____

c) Have you ever been involved in any Criminal offence YES / NO and / or convicted by a court of Law?

If YES, Give full details _____

d) Is any case pending against you in any Court of Law? YES / NO

If YES, Give full details _____

12. Give Name and Address of two Respectable (i) _____
Persons who are well acquainted with you _____
but are not related to you and to whom,
if necessary, references can be made. (ii) _____

13. Give list of the documents and attested certified copies of Certificates attached with this application.

I hereby declare that I have read the instructions attached to this form and I declare that I accept all the terms and conditions as detailed therein. I also accept the condition that the decisions of the Corporation in all matters will be final and binding on me. I further declare that all information given by me in this application is true and to the best of my knowledge and belief and should it be otherwise, I shall be liable to such action as the Corporation may deem fit to take.

Dated at this _____ day of _____ 20_____

Total no. of enclosures _____

(Signature of Applicant)



Ref : Sales/Branch _____

Date : _____

PROFORMA FOR RELATIVE AGENCY

(To be filled in by the Applicant and his/her relatives)

(A) Declaration by the Applicant:

I, _____ have applied for agency of LIC of India, under the organization of development officer _____
Code no. _____ of Branch No. _____. My present permanent address is _____

I declare that I shall work independently as an agent in the interest of the Corporation.

Witness: _____

(Signature of the Dev. Officer)

(Signature if Applicant)

(B) Declaration by related Agent / Employee:

I / We, _____ Ex / Existing Agent / Employee of LIC of India, code no. / S.R. no. _____ attached to Branch No. _____ under development officer _____ code no./ S.R.no. _____
I / We, declare that I / we have no objection against _____ (relationship) namely _____ taking agency of LIC of India under the organization of development officer _____ code no. _____ of Branch No. _____. My / Our permanent residential address is / are _____

Witness: _____

(Signature of Dev. Officer)

(Signature/s of relative Agent/s/Employee)

(C) Recommendation by Branch Office:

We confirm that the information given by the applicant as well as his relative Ex/Existing Agent/Employee is correct. Agency to _____
Under development officer _____ code no. _____ is recommended.

Signature of Dev. Officer
Code No. _____

Signature of Chief/Sr./Branch Manager.

(D) Declaration by the related Agent :

I / We declare that _____ has applied for agency under the organization of Dev. Officer _____ code no. _____ at Branch No. _____.

Applicant _____ is my _____ and the Purpose for this agency is to develop new business and not to evade income tax. The agency shall be genuine and not is substitution of my existing agency .

(Signature of the Existing Agent)
code no. _____

(Signature of the Applicant)

(E) Declaration by the related Existing Employee:

My _____ (relationship) namely _____
Has applied for agency under the organization of Dev. Officer _____
Code no. _____ at Branch No. _____.

I hereby declare that the applicant _____ will be doing the agency independently and there will not be any interference in the agency matters on my behalf.

(Signature of the related Existing Employee)
S.R. No. _____
Branch No. _____

I hereby confirm that the above declaration made by the applicant and his / her relative is true.

Place : _____
Date : _____

Dev. Officer , Code no. _____



LIFE INSURANCE CORPORATION OF INDIA
(WESTERN ZONE)

Annexure II

Division : Amravati

Branch : _____

APPLICATION FOR RURAL CAREER AGENCY

Note : It is essential that complete details should be given in reply to the questions. Incorrect or insufficient information may result in the application being rejected.

1. (a) Name of the applicant (in full)
(Mr./Mrs./Miss)
(In Block letters, surnames first) _____
(b) Marital status _____
(Single, Married, Widowed, Divorced) _____
2. Address (In Block Letters) _____

3. (a) Father's Name (a) _____
(b) Father's Occupation (b) _____
(c) Father's Residential Address (c) _____

(d) Father's Annual Income (Approx.) (d) _____

4. (a) What is your date of Birth ? (a) _____
(b) What has been your usual state of health? (b) _____
(c) Have you any bodily defect or Deformity, (c) _____
if so, give details _____

5. What is your educational Qualification ? _____
6. Which language can you -
(a) Read and Write ? (a) _____
(b) Speak only ? (b) _____
7. (a) What is your present Occupation ? (a) _____
(b) If in employment, state full Name and (b) _____
address of Employer and nature of
Employment _____
(c) If self-occupied, state the nature of (a) _____
occupation and Annual income _____
(d) Have you ever been Adjudicated (c) _____
insolvent or Applied for Insolvency _____
8. Are you related to any of the Corporation's Development Officer, Employees of the Corporation, Medical Examiners or Agents ? If so, give Name, Designation and Territory of the office where he/she works and operates and also your relationship to him/her.
Name _____
Designation _____ Territory _____
Relationship _____

9. Give name and address of two responsible persons (not relatives or employees of the Corporation) for the purpose of reference (i) _____
(ii) _____
10. Do you now represent, or have you at any time, represented either directed or indirectly this Corporation or any general insurance Company or any Private insurance Company ? _____
11. State the village/s where you intend to represent the Corporation _____
12. Do you or your family own any immovable property like agricultural lands, House, Etc. in the village/s mentioned in all above. If so give details with approximate Annual Income from these properties _____

I do hereby declare that the above mentioned statements and answers are to the best of my knowledge and belief, true and complete, that they shall be the basis of the contract of the agency between me and the Life Insurance Corporation of India and that if any of the above mentioned statements or answers are untrue or incomplete the said contract shall stand automatically terminated from the date on which such knowledge comes to the Corporation. I also agree that all decisions of the Corporation shall be binding on me and that I fully understand the meaning of section 41 of the Insurance Act, 1938 produced below :-

Section 41 :- "(1) No persons shall allow or offer to allow, either directly or indirectly as inducement to any persons to take out or renew or continue an insurance in respect of any kind of risk relating to lives properly in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with published prospectus or tables of the insurer.

(2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to Five Hundred Ruppes."

I also agree to abide by this terms and conditions of the agency in force and advised to me from time to time and to conduct the agency, if granted, in a manner designed to promote the interest of the Corporation and its policy holders.

Signed at _____ this _____ day of 200

Signature of Applicant

Specimen Signature of
the Applicant

CCA SELECTION PROCESSING FORM

977

CCA Application No. _____/2016-17

Date : _____

Sr.	PARTICULARS	DETAILS
1.	Name of the Candidate	
2.	Date of birth & Age	
3.	Education Qualification	
4.	Residential Address	
5.	Sponsored by: Name of D.O./PDO D.O. Code: Whether SBA	
6.	No. of Agents under DO's unit at the end of previous month	
7.	10% of above (20% in case of SBA)	
8.	No. of stipendiary CCAs under his/her Unit. (Maximum allowed 10% of 4 (20% of 8 in case of SBA's)	
9.	No. of stipendiary CCA's exited due to non performance. [to be reduced from (Sr.8) above for arriving at maximum limit]	
10.	Recommendation by Branch-in-Charge	

Stipendiary: _____ payment rather than voluntarily

Chief Sr. Branch Manager

Manager (Sales)

Marketing Manager

Application for Recruitment of UCA (Urban Career Agent)

To,
The Branch Manager,
Life Insurance Corporation of India

Subject: Application for the post of Urban Career Agent (UCA)

Respected Sir/Madam,

I, hereby wish to apply for the position of Urban Career Agent (UCA) in your esteemed LIC branch. I am interested in taking up this role as it aligns with my skills, career goals, and desire to work with LIC to promote insurance awareness and provide quality service to customers.

I assure you that I will work with full dedication, discipline, and integrity. I request you kindly to consider my application and provide me an opportunity to serve as a UCA.

Thanking you,

Yours faithfully,

Name:

Address:

Mobile No:

Email:

Date:



LIFE INSURANCE CORPORATION OF INDIA

AMRAVATI DIVISION

REF: SALES

DATE:

TO

The SR Divisional Manager ,

LIC OF INDIA,

AMRAVATI DO

(To be submitted in DUPLICATATE through respective Branch Office0

(Part A to be completed by Agent in his/her own hand writing)

APPLICATION FOR REINSTATEMENT OF AGENCY

PART A

1. Full name : _____
2. Code no. : _____
3. Current/ previous Dev Officer Name & code no. : _____
4. Date of appointment : _____
5. Date of termination : _____
6. Date of licence expiry/ date of Authorization: _____
7. Reason for non fulfilment of Min Business Gurantee: _____
8. a. Performance during last 3 agency years prior to your termination (if less than 3 years for exact duration)

sr no	AGENCY YEARS	NO. OF LIVES	FYP
1			
2			
3			

b. lapsed policies details

Pol no	name of policyholder	SA	MODE	DATE OF COMM	INST PREM

c. performance during the termination i.e.current year: 1) LIVES: ____ 2) FPI ____

9. Whether agency is reinstated any time since appointment ? : _____
If yes, No. of occasions & year of reinstatement. : _____

10. Whether you are related any Class I officer/

Dev officer/class III & IV Employees of LIC? If so : _____

Give details.

11. Whether you or your spouse is an employee of

Govt/Public Undertaking (either Central or State) if Yes,

Give details.

12. If the agency is reinstated business assured by you in

the current agency year. _____

I declare that the above information is correct one & I know that it will be the basis for consideration of my application for reinstatement.

Date : _____

(signature of agent)

PART B

Recommendation of Development officer:

(Signature of Development officer)

PART C

(TO BE COMPLETED BY BRANCH OFFICE)

Remark of Branch Office :

1. The information given by the agent is verified & found correct/is : _____

Amended suitably.

2. Whether Sr/Branch Manager /ABM(S) has made sufficient enquiries

as detailed in ZO Circular Ref> Dev/08/604 before recommending? : _____

3. Whether Sr/Branch Manager has ascertained that the agency is

Not Benami one? : _____

4. Specific recommendation of Office-in-charge : _____

SR /BRANCH MANAGER



_____ Branch Office

Ref. BO/

Date : _____

CONDUCT CERTIFICATE

THIS IS TO CERTIFY THAT THE AGENT SHRI/SMT/KUM. _____

AGENCY CODE NO. _____ IS THE AGENT OF _____ BRANCH OFFICE AND IS
NOT UNDERGOING/HAD NOT UNDERGONE ANY

1. VIGILANCE ENQUIRY
2. DISCIPLINARY ACTION
3. EARLY CLAIM
4. ANY ACTION, DETRIMENTAL TO THE INTEREST OF THE CORPORATION,
UNDER REGULATIONS 15 & 16 OF THE LIC OF INDIA, (AGENTS') REGULATIONS, 2017,
WHATSOEVER.

WE STRONGLY RECOMMEND THAT THE ABOVE AGENT MAY BE **REINSTATED / REAPPOINTED**.

CHIEF MANAGER/SR/BRANCH MANAGER.

Date :

From:- Shri/Smt _____

Agency Code :- _____

Branch :- Washim 994

The Sr. Divisional Manager,
L.I.C. of India,
AMRAVATI DO

Dear Sir,

Re : Reinstatement of my above referred agency :

I was appointed on _____ under the organization of D.O. _____

Shri/Smt _____. My agency has been terminated on _____ for
the reasons mentioned below : _____

I have _____ lives and Rs. _____ first year Premium income in hand.

I assure you that I will atleast bring the minimum business required for keeping my agency in force.

I request you to reinstate my agency.

Thanking you,

Yours faithfully,

(signature of the Agent)

Encl : list of lives with first yr. premium income.

DECLARATION to be obtained from the terminated agent as well as from the D.O. who has motivated the terminated agent for Reinstatement of his agency

I, _____, do hereby declare that Shri/Smt _____, the Development Officer, attached to Branch : _____ under _____ Division has motivated me to reinstate my agency and has provided necessary support and help for the same.

Hence, my agency may be attached to the D.O. Shri/Smt. _____, code No. _____.

Signature of the terminated agent.

=====

I, Shri/Smt. _____, D.O. Code No. _____, Branch : _____

has motivated Shri/Smt. _____, Ag.Code : _____, Branch _____ to reinstate his agency and have provided him necessary support and help for the same.

Signature of the D.O.

(who have motivated the terminated agent)

=====

PS : This declaration is required for ATTACHMENT on reinstatement. i.e. reinstatement of agency for more than 12 months and within 24 months under different Development Officer.

And

As per CO Cir.Ref : Mktg/ZD/25/2014 dated 23.09.2014 : In case of permanent exit of a Development Officer due to retirement, resignation or death, attachment of reinstated agents to another Development Officer will be allowed within one year of termination of agency.

Pune Divisional Office-II

Mahaveer Park Bldg., 4th Floor, Pune Satara Road, Pune 411037

From:
SALES DEPT / _____ BRANCH

To:
SALES DEPT / PUNE DO II

Ref: Sales /

Date :

RE: REAPPOINTMENT OF AGENT

We are in receipt of Application from Shri / Smt. _____
Branch _____ for Reappointment as an Agent under Dev. Officer _____ Code No. _____
Other particulars are as under:

1	Name of the Ex-Agent, Agency and Branch Code No.				
2.	Date of Appointment of ex-agency				
3.	Name of the Development Officer/Code No. under whom ex-agency was given				
4.	Date of Termination				
5	Pending Recovery of Audit/Inspection				
6.	Reason of Termination				
7.	Disciplinary action, if any. If Yes the Nature and penalty imposed therein.				
8.	Agency Licence No.				
9.	Present Status of Agency Licence				
10.	Eligibility for Renewal Commission				
11.	Educational Qualification at the time of taking ex-agency As per present application				
12.	Whether residing in urban/rural area				
13.	Whether Gratuity paid for ex-agency				
14.	Last 5 Years Business Profile	Year	S.A. (Rs)	FPI	No. Of Lives
15.	Name of new Development Officer/Code, if any changes done and reasons thereof				

ENCL: 1. KYC OF AGENT 2. DECLARATION IN ZO FORMAT 3. CONSENT FOR FORGOING EARLIER COMMN (IF AGENT IS ERC)

Branch Manager's Recommendation:

Sr / Branch Manager(I/C)

From:

Agent's Name: _____

Agency Code: _____

Branch: _____

Date: _____

To,
The Sr. Divisional Manager,
LIC Of India,
Pune Divisional Office -II
Pune.

Dear Sir,

Re: REAPPOINTMENT

I was appointed under the organization of Shri / Smt _____
DO Code / CLIA Code _____ in Branch _____
under _____ Division.

Now I wish to take agency under the organization of Shri / Smt. _____
DO Code / CLIA Code _____ at Branch _____

I am aware that on Reappointment I am not entitled to receive any Renewal Commission & all other benefits under my previous Agency Code.

Signature of the Agent

FOR BRANCH USE

As per Financial Year Earnings, Renewal Commission under old Agency code is Rs. _____

I hereby confirm that the agent has signed this letter in my presence.

Date: _____

Signature of BM (I/C) of Br - Seal of BM (I/C)

Encl: Financial Year Earnings



DECLARATION to be obtained from the terminated agent as well as from the D.O./CLIA who has motivated the terminated agent for Re-appointment.

I, _____, Old Agency code _____ was appointed under the organization of Shri/Smt _____, Dev. Officer/CLIA code _____ Branch _____ under _____ Division

I do hereby declare that Shri/Smt _____, the Development Officer /CLIA code _____ attached to Branch : _____ under _____ Division has motivated me to get reappointed as an agent and has provided me with necessary support and help for the same.

Hence , my agency may be attached to the organization of D.O. /CLIA Shri/Smt. _____, code No. _____, Branch _____.

Signature of the terminated agent.

I, Shri/Smt. _____, D.O./CLIA Code No. _____,

Branch : _____, Division _____ have motivated

Shri/Smt _____, Old Ag.Code : _____,

of Branch _____ under Division _____ to get his agency reappointed and have provided him /her necessary support and help for the same.

Signature of the D.O./CLIA

(who has motivated the terminated agent)

PS : This declaration is required for Reappointment of agents terminated

for more than 12 months and to be reappointed under different Dev. Officer/CLIA as per CO Cir.Ref : Mktg/ZD/26/2015 dated 01.02.2016 .



LIFE INSURANCE CORPORATION OF INDIA

DIVISION _____ BRANCH _____

ATC CERTIFICATE

TO WHOM SO EVER IT MAY BE CONCERN

THIS IS TO CERTIFY THAT MR./MRS./MS _____
AGENCY CODE NO. _____ HAS COMPLETED 25 HOURS TRAINING IN ATC _____.
FROM _____ TO _____ AND HE/SHE PASSED IN THE EXAMINATION WHICH WAS
HELD ON _____ WITH _____ MARKS.

DATE: _____

ATC PRINCIPAL

BO _____



Date :

From:- Shri/Smt _____

Agency Code :- _____

Branch :- Washim 994

The Sr. Divisional Manager,
L.I.C. of India,
AMRAVATI DO

Dear Sir,

Re : Reinstatement of my above referred agency :

I was appointed on _____ under the organization of D.O. _____

Shri/Smt _____. My agency has been terminated on _____ for
the reasons mentioned below : _____

I have _____ lives and Rs. _____ first year Premium income in hand.

I assure you that I will atleast bring the minimum business required for keeping my agency in force.

I request you to reinstate my agency.

Thanking you,

Yours faithfully,

(signature of the Agent)

Encl : list of lives with first yr. premium income.

Annexure I
LIFE INSURANCE CORPORATION OF INDIA

CERTIFICATE OF EXISTENCE

I, _____ hereby certify that Agent/nominee
Shri/Smt. _____ under
Agency code: _____ is seen by me in person on _____.
His/Her signature below is attested by me and I am fully satisfied about his/her
identity.

Dated at _____ this _____ day of _____ 20_____

(Signature of Agent if ERC)

Signature of Certifying Authority

Name : _____

(Signature of Nominee under HRC)

S.R. No. : _____

Designation: _____

Address : _____

SEAL : _____

NOTE: This certificate should be signed by a Development Officer, Class I Officer of L.I.C., Employees of the Corporation in the cadre of HGA with five years of service or an officer of any Bank where an account is maintained by the Agent/Nominee of Agent.



भारतीय आयुर्विमा महामंडळ
भारतीय जीवन बीमा निगम
Life Insurance Corporation of India

FROM: SALES DEPT WASHIM BO 994
AMRAVATI

TO: SALES DEPT.

OFFICE NOTE FOR ERC

REF: SALES/AGENCY/

DATE: _____

RE: SHRI/SMT. _____ AGENCY CODE NO. _____

THE ABOVE AGENCY STANDS **TERMINATED W.E.F.** _____

1. THE AGENT HAS CONTINUOUSLY WORKED FOR THE CORPORATION FOR A PERIOD OF AT LEAST 10 YEARS. HIS/HER **DATE OF APPOINTMENT IS** _____.
2. THE AGENT HAS _____ NO. OF QUALIFIED YEARS AS PER 4502 FORM, SINCE HIS/HER APPOINTMENT. HIS/HER **DATE OF APPOINTMENT IS** _____.
FURTHER, HE HAS _____ **NO. OF POLICIES** ON DIFFERENT LIVES EFFECTED THROUGH HIM WERE IN FULL FORCE ON A DATE ONE YEAR BEFORE HIS/HER CEASING TO ACT AS SUCH AGENT I.E. ON _____ **(DATE OF TERMINATION)** AS WILL BE SEEN FROM THE ENCLOSED LIST.
THE AGENT IS THUS ENTITLED TO GET THE PAYMENT OF RENEWAL COMMISSION AFTER CEASING OF HIS/HER AGENCY IN TERMS OF SUB-RULE 19(1) (A)/10 (1) OF THE LIFE INSURANCE CORPORATION OF INDIA (AGENTS) REGULATIONS, 2017.

ERC CONDITION, AS PER THE LIFE INSURANCE CORPORATION OF INDIA(AGENTS) REGULATIONS 2017 ARE AS PER BELOW-

IN THE EVENT OF TERMINATION OF THE APPOINTMENT OF AN AGENT, THE COMMISSION ON THE PREMIUMS RECEIVED IN RESPECT OF THE BUSINESS SECURED BY HIM SHALL BE PAID TO HIM, IF SUCH AGENT (A) HAS FULFILLED THE MBG REQUIRED UNDER REGULATION 9 FOR AT LEAST FIVE YEARS SINCE HIS APPOINTMENT AND TWENTY FIVE POLICIES ON DIFFERENT LIVES EFFECTED THROUGH HIM WERE IN FULL FORCE ON A DATE ONE YEAR BEFORE HIS CEASING TO ACT AS SUCH AGENT (B) HAS FULFILLED THE MBG REQUIRED UNDER REGULATION 9 OR AT LEAST TEN YEARS SINCE HIS APPOINTMENT.

DECLARATION: - C) PROVIDED THAT AFTER HIS CEASING TO ACT AS SUCH AGENT HE DOES NOT DIRECTLY OR INDIRECTLY SOLICIT OR PROCURE OR PROMOTE LIFE INSURANCE BUSINESS IN ANY CAPACITY FOR ANY OTHER PERSON OR COMPANY OR ORGANIZATION WHICH INCLUDES BROKER OR INTERMEDIARY OR A LIFE INSURANCE COMPANY OR A HEALTH INSURANCE COMPANY FOR TWO YEARS THEREAFTER.

KINDLY APPROVE

ENCL: 1) AG STATUS REPORT 2) LIST OF 25 POLICIES ON DIFFERENT LIVES 3) DECLARATION AS PER MENTIONED IN C 3) DECLARATION BY AGENT AS PER MENTIONED IN AGENT'S REGULATION 2017 SUBREGULATION NO. 19(1)

PREPARED BY
MANAGER

CHECKED BY

SR. BRANCH





भारतीय आयुर्विमा महामंडल
भारतीय जीवन बीमा निगम
Life Insurance Corporation of India

NOTE: THIS FORM SHOULD BE SIGNED BY THE BR. IN/CHARGE ONLY.

FROM: SALES DEPT WASHIM BO 994
AMRAVATI

TO: SALES DEPT.

REF: SALES/AGENCY

DATE: _____

DECLARATION BY AGENT FOR ERC DECISION

RE: SHRI/SMT. _____

AGENCY CODE NO. _____

I _____ AG. CODE _____

Declare that, "I will not directly or indirectly solicit or procure or promote life insurance business in any capacity for any other person or company or organization, which includes broker or intermediary or a life insurance company or a health insurance company for two years hereafter".

SIGNATURE OF THE AGENT

SR. BRANCH MANAGER

SEAL:



Hereditary Commission

check points:

- 1 to calculate the likely amount of Hereditary commission payable , Gratuity amount and the Term Insurance.
- 2 After ascertaining the same : to obtain Annexure H from the Claimant.
- 3 If Nomination is registered : to inform the same with the name of the nominee, date of registration and the relationship with the deceased agent.
- 4 the other forms to be obtained from the Claimant will be decided on the amount mentioned above in Sr No.1 & 3.
- 5 Nomination subsists (primary legal heir)
 - a If the amount of Renewal commission+Term Assurance+Gratuity is Rs.40,000/- or less or more than 40,000 but less than 1,10,000 or more than Rs.1,10,000/- call for :
Death Certificate + Annexure I (Decln cum Indemnity cum Agreement Bond) on Stamp Paper + Annexure H.
 - b Nomination subsists but not a primary legal heir : call for Death Certificate + Ann. F (Decln to be completed by nominee on Stamp Paper) +Ann G (letter to be given by nominee each time the payment is made) + Ann H.
- 6 Where there is no nomination and legal evidence of title is to be waived. :
 - a If the amount of Renewal commission+Term Assurance+Gratuity is Rs.40,000/- or less : Death Certificate + Anne. H + Ann J1(A) by all heirs) + Annexure I (Decln cum Indemnity cum Agreement Bond) on Stamp Paper
 - b If the amount is more than Rs.40,000/- but less than Rs.1,10,000/- :
call for Ann H + Ann L (to be completed by Surety) + Ann. M on Stamp Paper & completed by Surety and heirs.
 - c If the amount is more than Rs.1,10,000/- : call for legal evidence such as probate, Succession Certificate, letters of Administration.

LIFE INSURANCE CORPORATION OF INDIA

Branch :

Ref : Sales/

Date :

Re : Hereditary Commission

Late Shri/Smt : _____ Ag Code No: _____

1(a) Date of Appointment : _____ (b) Agent confirmed: Yes/No

2 License No / Date of expiry : _____

3 Agency Status : _____

4 Date of Death : _____ (to enclose Death Certificate)

5 Status of Agency at the time of death : _____

6 If the Agency was terminated prior to the agent's death, clearly

a) state the date of termination _____

b) and reasons thereof _____

7 Whether Nomination done Yes/NO :

a) Date of Registration :

b) Name of the Nominee &

c) relationship with the Agent : _____ d) nominee is minor : Yes/NO

d) whether nominee is primary legal heir : Yes/No

8 Whether the agent was undergoing any disciplinary proceeding: Yes/No

9 Advances outstanding , if any : Yes/No

a) Details of advance & O/S amount : _____

b)

10 likely amount of Hereditary commission to be received :

Renewal commission : Rs _____

Gratuity : Rs _____

Term Insurance : Rs _____

11 Details of last 5 years business: (Also state clearly that the Sum Assured of not less than Rs.1 lac remains in full force on the date immediately prior to the date of death)

	Agency Year	lives	fpi	SA
1				
2				
3				
4				
5				

Encl :

signature of Branch I/C



**WESTERN ZONAL OFFICE
FORM NO. 3057-A**

NAME & CODE OF THE DECEASED AGENT CASTE & COMMUNITY	THE COMMUNITY TO WHICH THE DECEASED BELONGED & THE SCHOOL OF LAW BY WHICH HE IS GOVERNED	DATE OF APPOINTMENT	DATE OF DEATH	IF LESS THAN 10 YRS CONNECTION , AMOUNT OF BUSINESS IN FORCE ONE YEAR PRIOR TO THE DATE OF DEATH	HEIRS AS PER THE PARTICULARS ARE FURNISHED IN THE QUESTIONNAIRE FORM

NAME OF THE HEIR TO WHOM ALL THE HEIRS HAD JOINTLY AUTHORIZED THE CORPORATION TO MAKE PAYMENT IN THE DECLARATION-CUM-AGREEMENT

PREPARED BY: _____

CHECKED BY: _____

SANCTIONED

DATED:

SR/BR MANAGER

ANNEXURE 'E'
ADVICE OF NOMINATION EXECUTED BY AGENT

DATE: _____

TO,
D.O./B.O./ACCOUNTS DEPT
AGENT SHRI./SMT./KU./ _____ (DECEASED)
CODE NO. _____

PLEASE NOTE THAT THE FOLLOWING PARTICULARS OF THE NOMINATION (FIRST/ALTERNATE NOMINEE) EFFECTED BY THE ABOVE MENTIONED AGENT, UNDER SUB-REGULATION (4) OF SECTION 44 OF THE INSURANCE ACT 1930, AS MADE APPLICABLE TO THE LIFE INSURANCE CORPORATION OF INDIA BY NOTIFICATION IN THE GAZETTE OF INDIA DATED 27.04.1972, WHICH WAS IN FORCE ON THE DATE OF AGENTS DEATH.

1. NAME OF THE AGENT: _____

2. WORKING UNDER BRANCH/DIVISION. : _____

3. AGENCY CODE NO.: _____

4. DATE OF DEATH OF THE AGENT: _____

5. S.NO. NOMINATION: _____

6. DATE OF REGISTRATION AT HOME D.O.: _____

7. DATE OF NOMINATION: _____

8. NOMINATION EFFECTIVE AT THE TIME OF AGENTS DEATH AND NATURE OF
(AUTHORIZATION

(1) MONEYS DUE AND PAYABLE	(2) NAMES OF NOMINEES APPOINTED TO RECEIVE MONEYS IN COL. 1	(3) AGE/S AT THE TIME OF NOMINATION/DEATH	(5) RELATIONSHIP AND ADDRESS OF NOMINATION
(I) GRATUITY			
(ii) TERM INSURANCE CLAIM AMOUNT			
(iii) ALL COMMISSIONS PAYABLE AT DEATH AFTER THEREAFTER			

9. REMARK

NOTE: IN THE CASE EFFECTIVE NOMINEE IS A MINOR AT THE TIME OF AGENTS DEATH MENTIONED IN THE REMARK COLUMN THAT THE LEGAL GARDIAN HAS TO BE ASCERTAINED BEFORE COMMISSION CAN BE PAID.

SR/BR MANAGER



ANNEXURE 'H'

Questionnaires to be answered by heirs of the deceased agent claiming commission in respect of premiums received under the policy/ies introduced by him /her or any money found to be due under the provisions to subsection (4) of section 44 of the Indian Insurance Act 1938 as made applicable to the Life Insurance Corporation of India by Notification in the Gazette of India dated 27th April,1972.

Life Insurance Corporation Of India.

Regarding Sri/Smt _____ Agency Code No. _____ of _____ Branch
(hereinafter called "the deceased") .

(TO BE ANSWERED FULLY AND TRUTHFULLY BY THE HEIRS OF THE DECEASED AGENT.)

Note: Under sub section (4) of the section 44 of the Indian Insurance Act, 1938, the commission in respect of premiums received under the policy/ies introduced by the deceased agent or any moneys found to be due to the deceased agent, is payable to his/her heirs, that is, those persons who would succeed to the estate of the deceased agent as if he/she had died intestate, and in the case of Hindus, leaving separate property of his/her own. Accordingly, the question whether the deceased agent left a will or not, or whether he/she, being a Hindu was a member of a joint and undivided Hindu family or not, do not arise. The persons entitled to claim the commission or any moneys found to be due to the deceased agent, the heirs who would succeed to the estate of the deceased agent as if he had died intestate.

I Questions Answers For Office Noting Only

1.1) 1) Give the full name of the deceased ,his occupation at the time of his death and his last address? Religion _____	
2) 2) To what community did the deceased belong?	
3) What was his religion and sect?	
4) If a Hindu, was the deceased married under Special Marriage Act of 1872 or 1954 so that succession to his property would be regulated by the Indian Succession Act,1925 ?	
5) If a Mohammedan, was he a Sunni or Shia?	

II. Did the deceased leave any of the following relations, and if so, give their names, addresses, and approximate age viz. 1) Widow or Widower 2). Heirs

1)	
2)	
3)	
4)	
5)	
Whether full particulars of Minors are given ?	
2) Children, including children or remoter issue of any children who may have predeceased the deceased	
3) If a Hindu, any widows of deceased son, deceased son's son or deceased son's son's sons	
4) Father	
5) Mother	
6) Brothers or Sisters	
7) In the case of a female Hindu who was a widow and had no children or remoter issue, the heirs of her deceased husband	

NOTE: In case a male Hindu the name of any child conceived before, though born after death should also be given. If any of the relations of the aforesaid relations are minors, state with whom the minors are living, and being maintained, and what is the relationship of such person to the minor, and if such person is not the natural guardian(father or mother) of the minor, whether either of the natural guardians are dead, and if either of them are alive, why the minor is living separately from his or her.

III. If the deceased died without leaving any of the aforesaid relations, but leaving any remoter relations, such as father's father or father's mother, uncles or aunts, cousins etc. give the names of all such remoter relations and the children of any relations who may be dead?	Particulars of remote relations :
IV a) Who, according to you, to the best of your knowledge and information are or were the heirs of the deceased at the time of his death on the basis that he died intestate (and in the case of Hindus leaving separate property), who would be entitled to receive the commission and any moneys found to be due to the deceased ?	
IV b) Did any of such heirs who was alive at the death of the deceased agent die subsequently ? If so, who are his heirs and/ or legal representatives?	Particulars of Representatives of the deceased heirs :
V. All the heirs, including the representative of the deceased heirs who were live at the date of death of the deceased but died subsequently must join in receiving the commission and only moneys found to be due to the deceased and pass a Joint Receipt to the Corporation for the entire amount. As it is better and more convenient that one heir should be authorized to receive the commission and any moneys found to be due to the deceased, a) who is the heir to whom it is desired, payment should be made on behalf of all the heirs, and b) falling him who is the alternative heir to whom payment should be made?	

VI) If any the heirs subsequently dies, his share of the commission will become due to his estate and will have to be paid to his legal Representatives. In fit cases where the commission is a small one, the Corporation in order to avoid expense and trouble to the heirs of such deceased agent in taking out legal representation will make payment on indemnity to the heirs of the deceased heir on the basis he died intestate (and in case of Hindu leaving separate property of his own).

- NOTE: 1. Each signatory should give below his signature, his full name (in block letters) his present address and his relationship to the deceased agent.
 2. If any signatory happens to be illiterate he/she should affix his/her left hand thumb impression thereto
 3. Please sign below in the order of particulars of names given under II and IV
 Dated at....., this..... day of.....200

Signatures of all the heirs of the deceased Agent

Full Name ,Address, Age, Relationship with the agent :

Signature

1	<hr/>
2	<hr/>
3	<hr/>
4	<hr/>
5	<hr/>
	<hr/>

Signature of the nominee if there is a nomination _____

Address :

(Note: If any heir is minor then Natural Guardian will sign on behalf of Minors)



ANNEXURE -I

Life Insurance Corporation Of India.

Declaration by heirs of deceased Agent

A. Preamble (to be used in the case of Agents who worked both for Unit and the Corporation)

"We, the undersigned _____
(full names of all the heirs) _____ all of _____
Hindu/Muslim/Christian/Parsi inhabitants, in consideration of the Life Insurance Corporation of India (hereinafter called "the Corporation") having at our request, agreed to pay to us, the undersigned jointly, as the heirs as on intestacy of _____ -
(hereinafter called the "the deceased") who was an Agent of the _____
(hereinafter called "the Company") up to 31 st August 1956 and thereafter from 1 st September 1956 was an agent of the Corporation, the commission on the premiums received in respect of the policies introduced by the said deceased in the aforesaid Company and Corporation under the Sub-Section(2) or Sub-Section(3) of Section 44 of the Insurance Act,1938, as made applicable to L.I.C. Of India by Gazette Notification dated 27-4-1972 do hereby solemnly and sincerely declare and state as follows.:

B. Preamble (to be used in the case of Agents who worked for Units only)

"We, the undersigned _____
(full names of all the heirs) _____ all of _____
Hindu/Muslim/Christian/Parsi inhabitants, in consideration of the Life Insurance Corporation of India (hereinafter called " the Corporation"), having at our request agreed to pay to us, the undersigned jointly, as the heirs as on intestacy of _____
(hereinafter called " the deceased") who was an Agent of the _____ (hereinafter called " the Company"), the commission on the premiums received in respect of policies introduced by the said deceased in the aforesaid Company, under Sub-Section(2) or Sub-Section(3) of Section 44 of the Insurance Act,1938, as made applicable to L.I.C of India by Gazette Notification dated 27-4-1972 do hereby solemnly and sincerely declare and state as follows."

C. Preamble (To be used in the case of Agents who worked for the Corporation only).

"We,the undesigned _____
(full names of all the heirs) _____ all of _____
Hindu/Muslim/Christian/Parsi inhabitants in consideration of the Life Insurance Corporation of India(hereinafter called " the Corporation"), having at our request, agreed to pay to us, the undersigned jointly,as the heirs as on intestacy of _____(hereinafter called " the deceased") who was an Agent of the Corporation, the commission on the premiums received in respect of the policies introduced by the said deceased in the Corporation under Sub-Section(2) or Sub-Section(3) of Section 44 of the Insurance Act, 1938, as made applicable to L.I.C. Of India by Gazette Notification

dated 27-4-1972, do hereby solemnly and sincerely state as follows.”.

1. That the deceased died on the _____ day of 200____
2. That we the undersigned names _____ would be the sole heirs on the intestacy of the deceased leaving separate property of his own and we the undersigned, names _____ - _____ are, the legal representatives/heirs of _____ deceased, who was also one of the primary heirs of the deceased at the death of the deceased, but died subsequently and as such we are jointly entitled to the final commission or any other moneys due to the Agent till date of his death and also renewal commission in respect of renewal premiums received on policies introduced by the deceased or any other moneys due under Sub-Section(2) or Sub-Section(3) of Section 44 of the Insurance Act, 1938, as made applicable to L.I.C. Of India by Gazette Notification dated 27-4-1972 and nobody else besides ourselves is entitled to any share in such commission or moneys. In case any one or more of us dies hereafter, the rest of us undertake to immediately intimate the date of his or her death to the Corporation and to let the Corporation know who are the legal representatives of such deceased heir and whether any legal representation has been taken out of not to the estate of such heir on the basis that he or she died intestate (in the case of Hindus leaving separate property) and we undertake to keep aside the share of such deceased heir to be paid to his or her legal representatives or heirs hereafter.
3. That we hereby authorize and empower the Corporation to pay the cheques for the final commission and/or any other moneys due to the Agent till the date of his death and also renewal commission and/or first year commission due under Section 44 of the Insurance Act, 1938, on our behalf to the undersigned (name) _____ and failing him/her to the undersigned (name) _____ and declare that the receipts of such person to the Corporation for the commission and/or any other moneys paid to him/her on our behalf shall bind all of us and shall be sufficient discharge to the Corporation on making such payment.
4. That in the case of declarants (name) _____ who are minors under the age of 18 years, this declaration has been executed on their behalf by their natural/legal guardians. And we make this solemn declaration solemnly and sincerely believing the same to be true and knowing that on the faith thereof the Life Insurance Corporation of India/Unit _____ has agreed to pay the final commission and/or any other moneys due to the Agent till the date of his death and also renewal and/or first year commission due to us as the sole heirs of the deceased _____ and knowing that this declaration would be received in evidence in the litigation that may take place in connection with payment of the commission and/or any other moneys. And we hereby covenant to save, defend , and keep harmless and indemnified the Life Insurance

Corporation of India/Unit/Company _____ and its successors and assigns, and its Chairman, Directors, Zonal Managers, Secretaries, Divisional Managers and Officers and their estates and effects from and against all actions, suits, proceedings, claims and demands on the part of any person or persons whomsoever for and in respect of such final commission and/or any other moneys due to the Agent till the date of his death and renewal and/or first year commission dues or any part thereof and from all costs, damages and liability in connection therewith.

Signatures of all the heirs of the deceased Agent

Dated at _____ this _____ day of _____ 200__

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

Solemnly declared before me
(To be attested by a Magistrate or person authorized to administer Oaths)

NOTE:

1. If any of the signatories happens to be illiterate, he/she should affix his/her left hand thumb impression thereto.
2. If this form of declaration-cum-Indemnity-cum-Agreement is used after the Corporation has agreed to dispense with legal evidence of title (when no nomination is made) for payment of Gratuity and/or Term Insurance, or any other moneys except renewal commission due to the deceased Agent till date of his death, then all references to "renewal commission" made herein should be deleted.



Annexure --L

The Divisional Manager
Life Insurance Corporation of India

_____Divisional Office

Dear Sir,

I beg to inform you that I am prepared to execute an indemnity bond in favour of the Life Insurance Corporation of India to enable it to pay to Shri/Smt

_____ of _____ the claim

under agency code No _____ of Shri/Smt. _____

(Name of the deceased agent) without insisting on legal evidence of title.

Consequently I have filled in the Questionnaire form given below

Questions Answers

1) Are you related to the Agents Claimant? If so state your relationship

2) What is your present occupation and permanent address

3) What is your approximate monthly income and what are the sources

4) What property movable or immovable do you possess and what is its present value

5) is the property free from encumbrances

I do hereby solemnly assure the Corporation that I have thoroughly understood and correctly answered the above questions.

Declared at _____ this _____ day of _____ 20....

Witness : _____

Signature _____

Name : _____

Designation/Occupation : _____

Address: _____

Present Address: _____

Full name of the Surety _____

Letter to be completed and signed by the surety

Signature of the Declarant: _____

Name of the declarant : _____



Annexure --M

In consideration of the Life Insurance Corporation of India , _____ agreed to pay _____ (Names of all payees)

_____ (relationship) of

_____ (deceased agent) the sum of Rs _____ due

under agency code no _____ of _____ deceased agent towards final

commission and/or Gratuity and/or term insurance without requiring production of probate or letters of administration or succession certificate granted to the estate of

_____ (Name of the deceased agent) we, _____ (name

of all the payees) and _____ (name of surety) our heirs , executors and administrators do hereby agree to keep said Life Insurance Corporation of India harmless and indemnified from and against all claims against it on the part of any person or persons whomsoever and all damages, costs and expenses which the said corporation may sustain or incur in consequence of any such claims or claims.

In witness whereof , we , the said _____ (name of all payees) and _____ (Name of surety) have set our hands at

_____ this _____ day of _____ 20____
signed and delivered by the said _____ (Name of all payees) and
_____ (name of surety) in the presence of :

Witness : Surety

1) Full signature of Witness 1 :

Sign of Surety _____

Name of Witness 1 :

Name of Surety :

Designation :

Designation :

Address:

Address:

2) Full signature of Witness 2 :

Name of Witness 2

Designation :

Address:

To be stamped for Rs ____ at the stamp office or collectors office before execution or to be copied out on non-judicial stamp paper of equal value



LIFE INSURANCE CORPORATION OF INDIA
AMRAVATI DIVISION WASHIM BO 994

TRAVELING EXPENSES BILL

T.E Bill of Shri. _____ Agt. Code. _____ Club Membership: _____

Purpose of Tour: _____ Date of Appointment: _____

Departure	Arrival
-----------	---------

Incidental

Date	Time	Place	Date	Time	Place	No. of days halt	Mode of travel	Fare	Reservation charges	Coolie Charges	Vehicle charges	Total all
1	2	3	4	5	6	7	8	9	10	11	12	13

Total Halting in Days and Hours _____ *Out of Pocket Expenses / Dearness Allowance* _____

Total: _____

I hereby declare that the charges entered in the bill are correct and each and every journey was undertaken bonafied for the corporation's work after due sanction. I certify that I actually travelled in the class for which the travelling allowance is claimed. I further certify that I was actually in camp during the days for which daily allowance is claimed. The mode of travel and the expenses incurred during the tour to life insurance corporation of india regulations 1960 and the "Instructions issued thereunder"

IMP: PLEASE ATTACH CERTIFIED COPY OF THE TOUR SANCTION FOR PROMPT SETTLEMENT.

Date: _____

Place: _____

Signature of the Agent: _____

FOR OFFICE USE ONLY

Journey Details

Payable

Amount claimed in the bill Rs. _____

Amount Disallowed Rs. _____

Amount Admissible Rs. _____

from _____ to _____

from _____ to _____

from _____ to _____

from _____ to _____

Net payable Rs. _____

Incidental payable

Out of Pocket / Dearness allowance

Net payable Rs. _____

Attended / Not Attended

Scrutinized by _____

Passed By _____



Scanned with OKEN Scanner



Scanned with OKEN Scanner

From: Sales Deptt,
_____ B.O.

To: Sales Deptt,
Pune D.O.

Proforma for Condonation of delay in submission of T.E./LTC Bill ✓

Name :
Designation :
S.R.No./Agency/D.O.code no. :
Branch :
Purpose of tour :
Period of tour : From _____ to _____
Bill received by Branch on :
Period of delay :
Reasons for delay
(Attach separate letter from
Concerned person) :
Branch Manager's recommendation :

Signature

Bill received by Sales Deptt. :
Observations by Sales Deptt, Pune D.O. :

H.G.A.(Sales)

A.O.(sales)

Manager(sales)

Marketing Manager

Sr.Divisional Manager



ANNEXURE-2

FORMAT OF OPTION LETTER TO AGENT FOR GRATUITY PAYMENT

Ref:

Date:

Shri/Smt. _____

Agency Code

Branch _____

Dear Sir/Madam,

Re: Option for receiving Gratuity at age 65

As per the date of birth registered by you with the Corporation, you would be completing age 59 as on _____.

You are requested to confirm within 30 days from the date of this letter whether you opt to receive gratuity at age 60 / 65 years, **subject to** your fulfillment of eligibility criteria set out in the Fourth Schedule of the LIC of India (Agents) Regulations, 2017.

If no option is received from your end, it will be construed that you opt to receive gratuity at age 60, **subject to** your fulfillment of eligibility criteria set out in the Fourth Schedule of the LIC of India (Agents) Regulations, 2017.

Yours faithfully,

Branch In-charge



भारतीय जीवन बीमा निगम
Life Insurance Corporation of India

Data For Calculating Gratuity And Or Term Insurance

1. Agency Code. No.	:	
2. Full Name	:	BA
3. Father's Name	:	
4. Date of birth (if admitted)	:	
5. Evidence of age produced	:	
6. a) Date of appointment	:	
b) Age at appointment	:	
7. Date of confirmation	:	
8. Agency year ending on	:	
9. Whether an employee of LIC.	:	Yes/No.
10. Head quarter area of operation	:	
11. Minimum business guarantee applicable	:	Year Sum Assured Lives
a) On appointment	:	
b) Changes; if any	:	
c) Changes: 1982-83	:	
12. Qualifying policy held for Term Insurance	:	
a) Policy No.	Term/Table	Sum Assured Dt. of maturity
b) Whether the qualifying policy was in force at the time of death	:	
13. Date when called upon to undergo training and pass the test.	:	
14. Date when passed the test (or was exempted from test.)	:	
15) Date of termination	:	
16) Regulation under which appointment terminated	:	
17. Date of Death	:	
18. Whether opted for payment of gratuity at age 65, if so; quote D. o. reference	:	
19. Whether gratuity has been paid in past	:	
20. New Business completed and Renewal Commission earned	:	

TABLE

BRANCH MANAGER



Life Insurance Corporation of India.

AMRAVATI DIVISIONAL OFFICE

WORKING SHEET FOR CALCULATING GRATUITY AND/OR TERM INSURANCE PAYABLE.

Shri _____ Agency Code No. _____

First complete the Data Sheet - Form 'A'

Objective	Nature of data required	Actual Data
1. To find eligibility and relevant date.	i) Whether agency is in force and has been continuous :	
a) Take whichever is the last date in (ii), (iii) and (iv)	ii) Date of attaining age 60.	
OR	iii) 15 Qualified agency years completed on (last date of agency year).	
b) Take the appropriate date in	iv) Date of cessation by- a) Termination b) Resignation c) Death- d) Impaired health.	
(iv) as the case may be.	v) Whether eligible for gratuity. If yes, then relevant data,	

II. No. of qualifying years for which gratuity is payable.

	S. A.	Lives
i) Business guarantee applicable prior to "First Agency Year"	_____	_____
ii) Minimum business required in the "First Agency Year" for the year to be treated as a qualifying year.	_____	_____
iii) -do-	_____	_____
In 2nd Ag. Yr.	_____	_____
3rd Ag. Yr.	_____	_____
4th Ag. Yr.	_____	_____
5th and subsequent Agency Yrs.	_____	_____

Contd...

Objectives

Nature of data required

Actual Data

III. To calculate

i) Qualifying yearly renewal commission for each year.

iv) Check up with Form "A" if Minimum Business required in (i), (ii) and (iii) was completed in the respective years before marking them as qualifying years or not.

v) Total number of qualifying years marked according to Step (iv).

vi) Total number of qualifying years for which gratuity is payable as in Step (v) if it exceeds 25, write 25 only

i) Total renewal commission earned in the three consecutive agency years which ended on a date immediately preceding 1.4.1971.

year

Renewal
Commission

Total :

ii) Yearly average of
i) above (i.e. total of
(ii) divided by (3).

iii) The number of qualified agency years for which the average rate arrived at in (ii) above is applicable, i.e. agency years ended on or before 31.3.1968.

iv) The number of qualified agency years ending after 1.4.1968 and up to relevant date (in respect of which the actual renewal commission earned is to be taken into account).

v) Total number of years for which qualifying yearly renewal commission is entered (iii) plus (iv).

Objective

Nature of Data required

To find the Eligible Rate.

a) In the case of an agent who has completed 15 agency years or more on the relevant date.

i) Number of qualified agency years for which agent worked, out of the last 15 agency years prior to the relevant date.

ii) Aggregate of the qualifying yearly renewal commission in respect of the years in (i) above.

iii) Eligible Rate = (ii) divided by 180.

b) In the case of an agent who has completed less than 15 agency years on the relevant date (death or physical or mental incapacity).

i) Number of complete agency years on the relevant date.

ii) Number of qualified agency years which agent completed.

iii) Aggregate of the qualified yearly renewal commission earned in the years in (ii) above.

iv) Eligible rate -

= Amount as per (iii)

12 x No. of years in (i)

a) Whether the number of qualifying years for which gratuity is payable is 15 or more :

i) Eligible rate arrived at in item (a) (iii) of Section IV above.

ii) Multiply (i) above by 15 (to arrive at gratuity payable for first 15 qualifying years).

iii) Total number of qualifying years for which gratuity is payable, as arrived at in item (vi) of section 11 above but not more than 25 years.

iv) Number of qualifying years left after deduction of 15 from (iii) above.

To calculate the amount of gratuity payable.

Contd...

Objective

Form 'B' (Contd)

Nature of data required

Actual Data

v) Divide (iv) above by 2 and multiply the result by the eligible rate in (i) above. (This would be the gratuity payable at 1/2 the eligible rate for the number of years exceeding 15 years but not more than 10 years)

vi) Total amount of gratuity payable, (ii) plus (v)

b) When the number of qualifying years for which gratuity is payable is less than 15 yrs.

i) Eligible rate arrived at in a (iii) or (b) (iv) of Sec. IV above as the case may be.

ii) Number of qualifying years for which gratuity is payable vide Section II (vi).

iii) Multiply (i) above by (ii) above to find the total amount of gratuity payable viz.

Note - The amount of gratuity payable will be that arrived at in (a) (vi) or (b) (iii) as the case may be, but not exceeding Rs. 30,000/-

TERM INSURANCE

1. Renewal commission earned in the last 3 agency years before death.

2. Average annual renewal commission.

3. Amount of Term Insurance payable according to table in clause 3 (2) of Schedule VI, viz.

Prepared by

Checked by

SH/HQ

Head of Deptt.

DIVISIONAL MANAGER,

DISCHARGE VOUCHER

I, Shri/Smt. _____ (Agent /Authorised heir/Nominee) Agency Code No. _____ who is/was working in Branch **Pusad BO 99A**, Amravati Divisional Office of Life Insurance Corporation of India , do hereby acknowledge receipt from the Life Insurance Corporation of India the Sum of Rs. _____ (Rupees _____) in full and final settlement of Gratuity and or Term Insurance Sum and payable to me in term of Schedule VI of the Agent's Regulations, 1972.

Gratuity	
Term Insurance	
Total	
Less	
Amount Payable	

Dated at Pusad this _____ day of _____, 20_____.

Signature of the Agent/Authorised heir/Nominee

Witness :

Signature: _____

Full Name: _____

Occupation : _____

Full Address: _____

Note : 1. Signature in vernacular must have their English translation written beneath.

2. A female, when signing must add her father's as well as her husband's name after her own description herself as "daughter of _____ AND wife of _____ OR

Widow of _____ etc.

3. Illiterate persons must affix their thumb impression which should be identified by Magistrate or JP as that of the Agent heir or Nominee.

4. In case of female , her thumb impression should be fully identified as above by adding her father's as well as her husband's name after her own.

To,

The Branch Manager,

[Current Branch],

Life Insurance Corporation of India

Subject: Application for Transfer of LIC Agency

Respected Sir/Madam,

I, [Your Name], LIC Agent (Agency Code: [Your Code]), currently attached to [Current Branch], request you to kindly transfer my agency to [New Branch Name] due to my personal/official reasons.

I assure you that I will continue to follow all LIC norms, rules and regulations sincerely.

Kindly process my application at the earliest.

Thanking you.

Yours faithfully,

[Your Name]

[Mobile Number]

LIFE INSURANCE CORPORATION OF INDIA
P & GS UNIT, AMRAVATI

0721/2666876

"Jeevan Prakash", 1st Floor, Shrikrishna Peth, Amravati - 444 601

Tele.No. 2662087

Ref. P & GS/

MASTER POLICY NO : _____ Date : _____

I / We the _____

do hereby acknowledge receipt from the LIFE INSURANCE CORPORATION OF INDIA the sum of Rs. _____

in full satisfaction and discharge of all my/our claim and demands under the above policy towards Maturity claim/ Death / Surrender Value in respect of Assurance effected on the following life / lives.

Sr No.	Name	Date of Exit	Refund of pure Endowment premium inclusive of Interest, if any	Proportionate refund of term Assurance Premium	Maturity claim	Term Assurance cover	Total

Dated at _____ this _____ day of _____ 200__ signed by the above. mentioned parties in presence of.

WITNESS :

Name : _____

Designation: _____

Address : _____

Affix
1/- Rupee
Revenue
Stamp

(Signature of Master Policy Holder
With seal)

PREPARED BY :

CHECKED BY :

Scanned with CamScanner

Scanned with OKEN Scanner

Scanned with OKEN Scanner

LIFE INSURANCE CORPORATION OF INDIA
P&GS DEPARTMENT
PENSION CLAIM FORM
Section I

To be completed by Annuitant

To:-Life Insurance Corporation of India,
P&GS Department,

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 Type of Bank
A/c _____

Bank A/c No _____ in the Bank

Address _____

MICR NO. (9 – DIGIT CODE): _____

IFSC code _____

(Note : Please enclose Xerox copy of Cheque leaflet)

My Address for Correspondence

(Signature of Annuitant)

Date: _____

Section II

(To be completed by Annuitant)

5

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. Old
GSCA _____

New GSCA _____

Commuted Value Rs. _____

Yly/ H.Yly/ Qly/ My Instalment pension due Rs. /-

Total Rs. /-

Of Rs. 1/-

Revenue Stamp

Witness: _____ (Signature of Annuitant)

Address: _____
Place & Date _____

SECTION: III

To be completed by Trustee

Life Insurance Corporation of India,
P&GS Department,

Dear Sir,

We hereby direct, authorise and empower you to pay on our behalf to Shri/Smt
_____ the
Pension amount as per option elected by him/her above after deduction of Income
Tax and
other

Taxes and duties as given below:

Commuted Value (C.V.) of Rs. _____

Total Pension Installments due _____ to _____ (i.e. during the current
financial year)

TOTAL AMOUNT (Rs.) Less Income Tax & Other
Duties (Rs.)

Net Amount Payable
(Rs.)

(C. V.)
(Pension)

PAN NO. _____
6

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 have been made to us
and the
receipts
signed by us.

N. B. 1) If No TAX is to be deducted against any above A/c, please write "NIL"
2) Please specify the tax to be deducted against each head of account separately.

(Signature of Trustees)Sr./Branch Manager
Address

.....

Section IV

(To be completed by the Annuitants and witnessed by the Trustees)

NOMINATION

I, Shri/Smt _____ a
member of the

_____ Superannuation Scheme, hereby
nominate Shri/Smt

_____ 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. old GS (CA) _____ New GSCA _____

Signature of Annuitant _____

Witness: _____

Address : _____ Signature of the Nominee _____

Place : _____

Date : _____

Annexure III

SUPERANNUATION SCHEME

MASTER POLICY NO:- Old GSCA _____
LIFE INSURANCE CORPORATION OF INDIA
P&GS DEPARTMENT

INTIMATION OF RETIREMENT/DEATH/LEAVING SERVICE

1. Name of Member: _____
2. LIC Membership Number in
 - a. Old GSCA *: _____
 - b. New GSCA: _____
 - c. Salary Roll No./Identity No : _____
3. Date of Birth: _____
4. Date of Exit: _____
5. Exit
 - a. Cause of Exit: _____
 - b. In case of Death, cause of death :
(Death Certificate to be attached)
6. Final Contribution, if any, on cessation of service: _____
7. Whether Option to commute part of pension exercised or not? (Tick appropriate column)
: YES NO
8. If the answer is YES, what Proportion?
(Tick applicable Column): 1/3 1/2 (Date of Joining if 1/2)
2
9. Type of Pension Option elected
(Tick appropriate option):
 - 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.
10. Mode of annuity: Mly/Qly/Hly/Yly
11. In case Pension is Immediate, particulars of Member or Beneficiary:
 - a. Residential Address
 - b. Dist./Taluka
 - c. State
 - d. PIN Code:
 - e. If pension is to be paid to Beneficiary
3
 - 1) Name of the Beneficiary
 - 2) Date of Birth of the beneficiary
 - f. Specimen Signatures of Member & Beneficiary
 - 1) _____
 - 2) _____
 - g. Bank account details to which Pension is to be credited
 - 1) Name of the Bank
 - 2) Account Number
 - 3) IFSC code
 - 4) MICR

5) Address of Bank

h. Do you want Policy records to be transferred to nearest servicing unit to your correspondence address: Yes / No

if 'Yes' , please mention name of the P&GS Unit: _____

i. Contact Details:

1) Land Telephone No (with STD Code)

2) Mobile number

3) E mail ID:

j. PAN No:

For Self and Co Trustees of _____ Superannuation Scheme

Signature _____

(NAME OF THE TRUSTEE)Sr./Branch Manager

4

Note: It is very important that Appropriate Answers are given specifically under Item Nos. 6, 7, 8 and 9 without which the settlement will not be possible.

Scanned with CamScanner

Scanned with CamScanner

Scanned with OKEN Scanner

Scanned with OKEN Scanner

NATIONAL PENSION SYSTEM (NPS)**Exit from National Pension System Due to Superannuation/Incapacitation**Claim ID Acknowledgement No To,
NPS Trust.
Sir/Madam,Affix
recent colour
photograph of
3.5 cm × 2.5 cm size /
Passport sizeI _____ hereby apply for the payment
of the accumulated pension wealth in my NPS Tier-I account as per the relevant provisions of the PFRDA (Exits and
withdrawals under NPS) Regulations, 2015 as amended.Tier II:- The entire accumulated pension wealth in Tier II account would be paid along with lumpsum withdrawal of
Tier I account.

I herewith give below the necessary details:

*In case of female right thumb Impression and in case of male left thumb Impression may be taken.

Signature / Thumb Impression*
of the Subscriber

Sr.No	Particular	Remarks
Section A - Subscriber's Personal Details		
	Subscriber Sector*	1. Govt. Sector <input type="checkbox"/> 2. All India citizens/corporate <input type="checkbox"/> 3. NPS Lite / GDS <input type="checkbox"/>
1.	Organisation Name* (PAO/DTO/CHO/NLAO Name)	
2.	PRAN*	
3.	Full Name*	First <input type="text"/> Middle <input type="text"/> Last <input type="text"/>
4.	Subscriber Gender*	Male <input type="checkbox"/> Female <input type="checkbox"/>
5.	Father's Name*	First <input type="text"/> Middle <input type="text"/> Last <input type="text"/>
6.	Marital Status*	Married <input type="checkbox"/> Unmarried/Others <input type="checkbox"/>
7.	Maiden Name (In case of female married subscriber)	First <input type="text"/> Middle <input type="text"/> Last <input type="text"/>
8.	Spouse's Name* (only if subscriber is married & spouse is alive)	First <input type="text"/> Middle <input type="text"/> Last <input type="text"/>
9.	Spouse Gender* (only if subscriber is married & spouse is alive)	Male <input type="checkbox"/> Female <input type="checkbox"/>
10.	Date of Retirement / Superannuation / attaining 60 / 65 years of age / Discharge (In case of Incapacitation)*	DD / MM / YYYY
11.	Date of Birth (As in PRAN Card)*	DD / MM / YYYY
12.	Aadhar/VID	
13.	PAN*	
14.	CKYC Number	
15.	Are you a Politically Exposed Person (PEP)*	Yes <input type="checkbox"/> No <input type="checkbox"/>
16.	Are you related to a Politically Exposed Person (PEP)*	Yes <input type="checkbox"/> No <input type="checkbox"/>
17.	Do you have any history of conviction under any criminal proceedings in India or abroad?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, please provide details	
18.	Contact details	Mobile number* : +91 Alternate phone number : E-mail ID* :
19.	Subscriber's full address with pin code* (Please refer instruction No. 9 for documents to be submitted)	

Section B - Subscriber's Bank Details - (Please refer instruction No. 7)

20.	Bank Account Number*# :	
21.	Bank Name*	
22.	Bank Branch Name and Address : The monthly pension and lump sum amount would be deposited into this account and hence fill in all the details carefully.*	
23.	IFSC Code (attach a cancelled cheque leaf or copy of bank passbook/bank certificate containing IFSC code)*	

Fields marked with * are mandatory. # Should be same where last salary credited in case of Government sector/Corporate sector subscribers

Section C - Subscriber's Withdrawal Details - (Please refer instruction No. 8)

On attaining superannuation or attaining 60 / 65 years of age or superannuation due to Incapacitation

- a) Would you like to withdraw full amount (if less than or equal to 5 Lakh/1 Lakh (NPS Lite)) Yes ☐ No ☐
or
- b) Would you like to have normal Withdrawal (Lump sum & Annuity Withdrawal)* Yes ☐ No ☐
or
- c) Would you like to opt for Withdrawal of Deferred Corpus*: Yes ☐ No ☐
Lump Sum Withdrawal ☐ Annuity Withdrawal ☐
or
- d) Would you like to opt for Phase withdrawal : Yes ☐ No ☐
Enter Withdrawal amount Withdraw total holdings

* Please provide the Percentage of corpus that you wish to opt for lump sum withdrawals and purchase of annuity

% of corpus opted for lump sum withdrawal (Max 60%)	Percentage of corpus opted for purchase of annuity (Min 40%)	Total (100%)
<input type="text"/>	<input type="text"/>	<input type="text"/>



Section D - Subscriber's Annuity Details - (Please refer instruction No. 12 & 13) (Not to be filled in case of complete withdrawal, Withdrawal of Deferred Lump Sum Corpus & phase withdrawal)

Select Annuity Service Provider (please tick one of the below options as per your choice)

- | | |
|---|--|
| <input type="checkbox"/> Bajaj Allianz Life Insurance Co. Ltd. | <input type="checkbox"/> Canara HSBC Oriental Bank of Commerce Life Insurance Co. Ltd. |
| <input type="checkbox"/> Edelweiss Tokio | <input type="checkbox"/> HDFC Life Insurance Co. Ltd. |
| <input type="checkbox"/> ICICI Prudential Life Insurance Co. Ltd. | <input type="checkbox"/> IndiaFirst Life Insurance Co. Ltd. |
| <input type="checkbox"/> Kotak Mahindra Life Insurance Co. Ltd. | <input type="checkbox"/> Life Insurance Corporation of India |
| <input type="checkbox"/> Max Life Insurance Co. Ltd. | <input type="checkbox"/> PNB Metlife Insurance Co. Ltd. |
| <input type="checkbox"/> SBI Life Insurance Co. Ltd. | <input type="checkbox"/> Star Union Dai-ichi Life Insurance Co. Ltd. |
| <input type="checkbox"/> Tata AIA Life Insurance Co. Ltd. | |

Select Annuity Scheme (please tick one of the below options as per your choice)

- ☐ Annuity for Life
☐ Annuity for Life with return of purchase price on death
☐ Annuity payable for life with 100% annuity payable to spouse on death of annuitant
☐ Annuity payable for life with 100% annuity payable to spouse on death of annuitant with return on purchase of annuity
☐ NPS-Family Income option (Default annuity)
☐ Other (Please Specify) _____

Select Annuity Frequency: Please tick one of the below options as per your choice. (For Government Subscriber, annuity frequency is monthly only)

- ☐ Monthly
 ☐ Quarterly
 ☐ Half Yearly
 ☐ Annual

Date : DD / MM / YYYY

*** Signature/Thumb Impression of the Subscriber**

*In case of female right thumb Impression and in case of male left thumb Impression may be taken

Section E - Subscriber's Nomination Details*

Nomination Details: Applicable to those eligible sums as per regulations. Nominee must be immediate family member of subscriber (Spouse, Children etc) in general except for exceptions as provided in Regulations.	Name : Relationship : Percentage Share: Date of Birth of Nominee (Only in case of minor) : DD / MM / YYYY Guardian Name (Only in case of minor) Guardian DOB (Only in case of minor) Address & Contact Details : Guardian Signature (Only in case of minor)
	Name : Relationship : Percentage Share: Date of Birth of Nominee (Only in case of minor) : DD / MM / YYYY Guardian Name (Only in case of minor) Guardian DOB (Only in case of minor) Address & Contact Details : Guardian Signature (Only in case of minor)
	Name : Relationship : Percentage Share: Date of Birth of Nominee (Only in case of minor) : DD / MM / YYYY Guardian Name (Only in case of minor) Guardian DOB (Only in case of minor) Address & Contact Details : Guardian Signature (Only in case of minor)
	Name : Relationship : Percentage Share: Date of Birth of Nominee (Only in case of minor) : DD / MM / YYYY Guardian Name (Only in case of minor) Guardian DOB (Only in case of minor) Address & Contact Details : Guardian Signature (Only in case of minor)

Section F - Subscriber's Family Member Details* (To be filled in case subscriber has selected Joint Life Policy or NPS-Family Income option)

Family Member Details for providing annuity as chosen by the subscriber.

Sr.No	Details	Full Name	Aadhar/VID	PAN ^s	Date of Birth ^s
1.	Spouse ^s				DD / MM / YYYY
2.	Dependent Mother (if living)				DD / MM / YYYY
3.	Dependent Father (if living)				DD / MM / YYYY
4.	Child 1 (if living)				DD / MM / YYYY
5.	Child 2 (if living)				DD / MM / YYYY
6.	Child 3 (if living)				DD / MM / YYYY

Note: In case of children being more than 3, please specify in an additional sheet.

Fields marked with* are mandatory.

^sMandatory in case subscriber opts for Joint Life Policy & NPS-Family Income option.


Declaration by the Subscriber

I hereby declare and state that all the personal details provided by me in the form as above are true and correct to the best of my knowledge. I also agree that NPS Trust / CRA shall not be held responsible/liable for any losses or delays that may arise due to provision of incorrect details including details pertaining to bank account by me. Further, I authorize the National Pension System Trust (NPST)/ CRA to share informations pertaining to my withdrawal application with the Annuity Service Providers for facilitating the purchase of annuity in applicable cases as is required under NPS.

Date : DD / MM / YYYY

* Signature/Thumb Impression of the Subscriber

*In case of female right thumb Impression and in case of male left thumb Impression may be taken.

Declaration by the Proposer: (Not to be filled in case of complete withdrawal, Withdrawal of Deferred Lump Sum Corpus & phase withdrawal)

I hereby declare that the foregoing statements and informations have been given by me after fully understanding the questions and the annuity options and the same are true, accurate and complete in every manner and respects and that I have not withheld or omitted to give any material information. I understand and agree that the statements in this proposal constitute warranties. I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and Annuity Service Provider (Company) and that if there be any misstatement or suppression of material information or if any untrue statement is contained therein or in case of fraud by me, which comes to the knowledge of the company at any future point of time, the said contract shall be treated as per provisions of Section 45 of the Insurance Act 1938 or any other applicable provisions as amended from time to time.

I also understand and agree that the company shall additionally levy or recover all the applicable taxes like service tax, surcharges, cess etc. from the premiums which are necessitated by various enactments of central and/or state legislatures from time to time.

I understand that the contract will be governed by the provisions of the Insurance Act 1938, and other applicable laws in India and that the contract will not commence until a written acceptance of this proposal is issued by the company and that the benefits under the policy shall be subject to the terms and conditions contained in the contract. I also agree that the amount held in proposal/policy deposit shall not earn any interest.

I further state that the product features and terms and conditions of the policy have been thoroughly explained to me and having understood, I consent to the same.

I further understand that the final annuity amount would be subject to the actual corpus value to be utilised for purchase of annuity at the time of its issuance. I also acknowledge and agree that the funds will not be returned to me in case I choose to cancel the policy under free look period. These funds will be payable by company directly to any other annuity scheme chosen by me which is authorized and approved under the prevalent regulations and applicable rules. Further, no interest will be payable to me on the funds held during this transition period.

I hereby authorize company to send information and servicing related communication regarding this proposal or resulting policy through Email/SMS/Phone Call.

I hereby authorize the company to provide me/our details to banks, financial institutions and third party service providers that the company may have tie-ups with, for verification of proposal details and for servicing of policies.

Signature of the witness

Signature / Left thumb Impression of the Proposer

Affix a recent self signed photograph

Name and Address of witness: _____

Place: _____

Date: DD / MM / YYYY

Declaration when Proposal form is filled by person other than proposer/proposer signs in a vernacular language/proposer is illiterate
(Not to be filled in case of complete withdrawal, Withdrawal of Deferred Lump Sum Corpus & phase withdrawal)

I hereby state that I have read out and explained the contents of this proposal form and all other relevant documents to the proposer in _____ language, he/she/they have understood the same and agree to abide by the terms and conditions of the resulting policy and have affixed his/her/their signature/thumb impression on the proposal form in my presence.

Signature of the person making the declaration

Name & Address _____

Place _____ Date: DD / MM / YYYY

I/We state that the product details, contents of this form and relevant documents have been fully explained to me/us and that I/We have fully understood them. I/We certify that the replies in the proposal form have been recorded as per the information provided by me/us.

Signature / Left thumb Impression of the Proposer

Section G - Declaration & Attestation by Nodal Office**TO BE FILLED/ATTESTED BY DDO/PAO/POP-SP**

1. I/we have verified the documents as submitted by the Subscriber with the originals / digitally signed documents / scanned documents and authorized this application for processing of the subject claim of the subscriber. It is certified that the details as provided in this application form are matching with the information available in the official record maintained by us. The complete information provided in this form including declaration and nomination details have been provided by the Subscriber Sh/Smt/Ms. _____ after he / she having read the entries / entries have been read over to him / her by me and got confirmed by him / her.
2. That all the contributions with respect to the Subscriber's NPS contribution and employer contribution have been transferred in to the PRAN of the subscriber and no further contributions are pending at Nodal Officer level. (only for government nodal office)
3. That Identity of the Subscriber is certified as provided in the withdrawal form above. The name of Subscriber as mentioned on the withdrawal form has been verified and can be accepted as final.
4. It is certified that the bank account (Salary Account) details provided in the form is as per the salary records maintained in our office. The bank account details (salary account) of subscriber as provided in bank details section have been checked and verified and the same can be accepted for payment. (only for government nodal office).
5. We hereby certify that the subscriber has been discharged from the services of the concerned office on account of invalidation or disability (in case of Govt. Subscriber). We hereby certify that we have checked Disability Certificate issued by Government Surgeon or Doctor stating the nature and extent of disability (in case of Non Govt. Subscriber) [applicable in case of Withdrawal due to incapacitation only]

Rubber Stamp of the DDO/POP-SP/NLCC

Signature of the Authorised Person

DDO/POP-SP/NLCC Registration Number _____

Designation of the Authorised Person : _____ DDO/POP-SP/NLCC Office Name: _____

Date / /

Rubber Stamp of the DTO/PAO/POP/Aggregator

Signature of the Authorised Person

DTO/PAO/POP/ Aggregator Registration Number _____

Designation of the Authorised Person : _____ DTO/PAO/POP/ Aggregator Office Name: _____

Date / / **[As per Regulation 3(a)/4(a)/5(a) of PFRDA (Exits and Withdrawals) under the Regulations, 2015]**

(To be filled in case of complete withdrawal)

Request cum under taking form for withdrawal of total pension wealth at superannuation and where the total pension wealth is equal to or less than Rs. 5,00,000/- for NPS subscriber and Rs. 1,00,000/- in case of NPS lite Subscriber respectively

I, _____ S/D/W/o _____, aged about _____ years,
residing at _____ do hereby solemnly affirm and declare as under:

1. That I am a Subscriber of National Pension System, holding PRAN _____
2. That since the total amount receivable by me as the benefits receivable upon exit from NPS is Rs. _____ which is less than/equal to the limit of Rs. 5,00,000/- (Rs. 1,00,000/- for NPS Lite), I understand that I am eligible to opt for withdrawal of the total pension wealth under NPS rules/guidelines. Basing on the above, I hereby opt to withdraw my complete pension wealth lying to my credit in my aforesaid PRAN account being the full and final benefits receivable by me.

I also understand that with the aforesaid withdrawal, I or my family members shall not be entitled to receive any other or further benefits under the National Pension System (NPS) including the benefits as provided under PFRDA (Exits and Withdrawals under the National Pension System) Regulations 2015.

I also certify that all the details provided in the form above are true and correct to the best of my knowledge

Date : / *** Signature/Thumb Impression of the Subscriber**

*In case of female right thumb Impression and in case of male left thumb Impression may be taken.

Rubber Stamp of the DDO/POP-SP/ NLCC

Signature of the DDO/POP-SP/ NLCC

Date / /

Registration No. of DDO/POP-SP/ NLCC

Rubber Stamp of the
DTO/PAO/POP/AggregatorSignature of the
DTO/PAO/POP/AggregatorDate / / Registration No. of
DTO/PAO/POP/ Aggregator

INSTRUCTIONS FOR FILLING FORM

This application should be filled by the Subscriber seeking to withdraw pension wealth benefits upon Superannuation or attaining 60 / 65 years of age

General Instructions:

1. As per NPS Trust directive, Withdrawal of benefits from NPS account will not be allowed if NPS subscribers registered on or after July 1, 2014 are NOT FATCA compliant. Hence, subscribers are requested to provide FATCA Self-Certification online by log-in to NPS Account (www.cra-nsdl.com). Alternatively subscriber can submit FATCA Self Certification to their Nodal Office.
2. As per amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2017, Withdrawal of benefits from NPS account will not be allowed if Aadhaar and PAN are not seeded into PRAN. Subscribers are requested to seed their Aadhaar and PAN into NPS account before initiating withdrawal request (Aadhaar not mandatory till Hon'ble supreme court order)
- 3a. It is advisable that subscriber fills in the Exit/Withdrawal form online and takes a print out of online form and submits it to the nodal office/POP along with KYC document for further approval/processing. However, he/she has the option to submit the physical form to his nodal office/POP. The nodal office has to compulsorily submit the form in online mode only. Physical forms submitted to CRA will not be processed.
- 3b. eNPS Subscriber has an option to initiate a self-authorization using Aadhaar. This facility will be available only if the NPS pension wealth is below threshold limit as prescribed in PFRDA (Exits and Withdrawals under National Pension System) Regulation 2015 or circular issued by the authority.
4. All the columns in the form should be filled with black ink pen without any overwriting.
5. Fields marked with (*) are mandatory.
6. Correct postal address, including the pin code should be provided.
7. **Documents to be enclosed with withdrawal application form:**
 - i. **Copy of the Address proof** attested by the Nodal Office in support of the address provided on the withdrawal form. The address on the withdrawal form should match with address present on the address proof.
 - ii. **Copy of the Identity proof** attested by the Nodal Office.
 - iii. **Copy of PRAN card** (Not required in case of Government Sector Subscriber) If Copy of PRAN Card is not available, print out of ePRAN or submit a duly notarized Affidavit as to the reasons of non-submission of the PRAN card.
 - iv. Cancelled cheque/Bank Certificate/Bank Passbook (Containing Subscriber Name, Bank Account Number and IFSC code) for direct credit or electronic transfer.
8. **Withdrawal preference:**
 - i. Select the Withdrawal preference as Normal withdrawal or Complete Withdrawal (if accumulated NPS wealth is less than or equal to Rs. 5 lakh / Rs. 1 lakh (For NPS Lite Subscribers)).
 - ii. If subscriber selects the Normal withdrawal option, he/she needs to fill up percentage of allocation for amount to be withdrawn as Lump-sum and amount to purchase life annuity provided under Section C the Form.
 - iii. If subscriber selects deferred withdrawal option, he/she can defer the lump sum withdrawal amount as well as annuity up to 75 years of age from the date of attainment of superannuation. In case of deferment as well, the subscriber needs to fill up percentage of allocation for amount to be withdrawn as Lump sum and amount to purchase life annuity provided under Section C of the Form.
 - iv. In case of percentage of withdrawal is not provided by the subscriber, a default 60% of the accumulated pension wealth shall be paid as lump sum to the subscriber and rest 40% of the amount shall be utilised for annuity purchase.
 - v. The subscriber needs to provide the Annuity details under Section D-Annuity Details, in case of Normal withdrawal or Deferred withdrawal. The selection of Annuity scheme and Annuity Service Provider is mandatory.
 - vi. The subscriber availing the complete withdrawal option (where the accumulated amount at superannuation is less than Rs. 5 lakh/ Rs. 1 lakh (For NPS Lite Subscribers)) shall leave the Annuity Details section and Subscriber Family Member Details section blank and fill up Request Cum Undertaking Form provided along with the Form.
 - vii. In case of death of subscriber during deferment period of annuity purchase, the deferred amount shall be paid as per PFRDA (Exits and Withdrawal under National Pension System) Regulation, 2015
 - viii. In case of death of subscriber during deferment period of annuity purchase, the annuity shall be purchased by the spouse as defined under Regulation 3(a) (iii) PFRDA (Exits and Withdrawal under National Pension System) Regulation, 2015 (applicable for Government Sector subscribers)

- ix. During deferment period, the account maintenance charges and including the charges payable to Central Record Keeping Agency, Pension Fund, Trustee Bank and any other intermediary shall continue to apply and shall be charged by deducting units from the account
 - x. In case of Phased Withdrawal, Subscriber needs to purchase Annuity first
 - xi. For more details of Annuity options, please refer to Instructions No. 12
9. List of documents acceptable as Proof Identity and Address for exit:-

Sr. No.	Proof of Identity (Any one of the given below documents)	Proof of Address (Any one of the given below documents)
a	Passport issued by Government of India.	Passport issued by Government of India.
b	Ration Card with Photograph.	Ration card with photograph and residential address.
c	Bank pass book or Certificate with Photograph	Bank Pass book or certificate with photograph and residential address.
d	Voters Identity card with photograph and residential address.	Voters Identity card with photograph and residential address.
e	Valid Driving license with photograph.	Valid Driving license with photograph and residential address.
f	PAN Card issued by income tax department.	Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional Commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.
g	Certificate of identify with photograph signed by a Member of Parliament or Member of Legislative Assembly.	Certificate of address with photograph signed by a Member of Parliament or member of Legislative Assembly.
h	Aadhar Card/letter issued by Unique identification Authority of India.	Aadhar Card/letter issued by Unique identification Authority of India. Clearly showing the address.
i	Job Cards issued by NREGA duly signed by an Officer of the State Government.	Job Cards issued by NREGA duly signed by an Officer of the State Government.
j	Photo Identity card issued by Defence, Paramilitary and Police Departments.	Latest Electricity/Water bill in the name of the subscriber / Claimant and showing the address (Less than 6 months old).
k	Ex-Service Man Card issued by Ministry of Defence to their employees.	Latest Telephone bill in the name of the subscriber/ Claimant and showing the address (less than 6 months old).
l	Photo credit Card.	Latest property/house Tax Receipt (not more than one year old).
m	—	Existing Valid registered lease agreement of the house on stamp paper (in case agreement of the house on stamp paper (in case of rented/leased accommodation)).
n	Identity card issued by Central /State government and its Departments, Statuary Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.	The identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statuary/Regulatory Authorities, Public Sector Undertakings, Schedules Commercial Banks, Public Financial Institution for their Employees.

10. The subscriber needs to provide his/her complete bank details like name of the bank, branch, complete address of branch, account type and IFSC otherwise the form may get rejected by CRA. Please make sure there is no cutting attempt on this section. The lump sum payment shall be directly credited to the bank account of the subscriber through electronic mode of payment.

If there is any change in Bank Details and Address details, subscribers are requested to update the same in CRA records prior to initiation of online withdrawal request. At the time of initiation of online withdrawal request, updation of Bank Details and Address Details is not allowed.

11. The nodal office after verifying the completeness of the Withdrawal Form and supporting documents in all respects after signature/thumb impression of subscriber and declaration and attestation of the authorized person at nodal office shall send at below mentioned address for record keeping within 90 days from the date of approval:

NPS Claim Processing Cell,
Central Recordkeeping Agency (National Pension System)
Protean eGov Technologies Limited
(formerly NSDL e-Governance Infrastructure Limited)
1st Floor, Times Tower, Kamala Mills Compound,
Lower Parel, Mumbai – 400 013

12. Annuity Service Providers

There are 13 Annuity Service Providers empanelled by PFRDA for providing the annuity services to NPS subscribers as per the list provided below (Name of the ASPs are given in an alphabetical order):

Name of the ASPs, minimum age and minimum corpus required for annuity purchase

Annuity Service Provider Name	Minimum Age	Minimum Corpus (Rs.)
Bajaj Allianz Life Insurance Co. Ltd.	37	25,000
Canara HSBC Oriental Bank of Commerce Life Insurance Co. Ltd.	45	2,25,000
Edelweiss Tokio	40	2,00,000
HDFC Life Insurance Co. Ltd.	20	Any Amount
ICICI Prudential Life Insurance Co Ltd	30	Any Amount
IndiaFirst Life Insurance Co. Ltd.	40	10,000
Kotak Mahindra Life Insurance Co. Ltd.	45	2,05,000
Life Insurance Corporation of India	30	50,000
Max Life Insurance Co. Ltd.	50	2,50,000
PNB Metlife Insurance Co. Ltd.	18	3,00,000
SBI Life Insurance Co. Ltd.	18	50,000
Star Union Dai-ichi Life Insurance Co. Ltd	45	1,00,000
Tata AIA Life Insurance Co. Ltd.	45	2,24,200

The following are the variants that are available in India and with most of the ASPs. Subscriber needs to select any of the below mentioned option on the page 1 of the withdrawal form:

- Annuity for life - On death of the annuitant, payment of annuity ceases**
- Annuity for life with return of purchase price on death - On death of the annuitant, payment of annuity ceases and the purchase price is returned to the nominee.**
- Annuity payable for life with 100% annuity payable to spouse on death of annuitant - On death of the annuitant, annuity is paid to the spouse during his/her life time. If the spouse predeceases the annuitant, payment of annuity will cease after the death of the annuitant.**
- Annuity payable for life with 100% annuity payable to spouse on death of annuitant with return on purchase of annuity - On death of the annuitant, annuity is paid to the spouse during his/her life time and purchase price is returned to the nominee after the death of the spouse. If the spouse predeceases the annuitant, payment of annuity will cease after the death of the annuitant and purchase price is paid to the nominee.**

Note:

Please note the exit from NPS and purchase of annuity from empanelled ASP are two separate processes. It is mandatory for subscribers to purchase annuity scheme from Annuity Service Providers (ASP) empanelled by PFRDA. Post receipt of the form by ASP and completely satisfying themselves of completeness of the form and KYC requirements, annuity shall be issued to subscriber.

The more details on availability of particular annuity scheme with an ASP and annuity quotes etc. are available on the CRA's website as per link below:

www.npsra.nsdl.co.in/annuity-service-providers.php

ASP Scheme Details and Annuity Selection Matrix may change. Please visit CRA website before filling Annuity Details. The list of empanelment of ASPs may undergo changes depending upon new empanelment of ASPs by PFRDA from time to time.

13. NPS - Family Income Scheme with return of purchase price

The subscriber upon exit from NPS shall have to purchase annuity with a minimum of 40% of the accumulated pension wealth which shall provide for annuity for life of the subscriber and his or her spouse (if any) with provision for return of purchase price of the annuity and upon the demise of such subscriber, the annuity be re-issued to the family members in the order specified hereunder at a premium rate prevalent at the time of purchase of such annuity by utilizing the purchase price required to be returned under the annuity contract (until all the family members in the order specified below are covered) :

- living dependent mother of the deceased subscriber;
- living dependent father of the deceased subscriber.

After the coverage of all the family members specified above, the purchase price shall be returned to the surviving children of the subscriber and in the absence of children, the legal heirs of the subscriber, as may be applicable

However, the subscriber who does not wish to opt default option mentioned above and wishes to choose the annuity contract of his choice from the available annuity types or contracts with the annuity service providers may choose an option as mentioned under instruction no. 12 above.

To,
NPS Trust.
Sir/Madam.

**Affix
recent colour
photograph of
3.5 cm x 2.5 cm size /
Passport size**

Tier II:- The entire accumulated pension wealth in Tier II account would be paid along with lumpsum withdrawal of Tier I account.

I herewith give below the necessary details:

*In case of female right thumb Impression and in case of male left thumb Impression may be taken.

Signature / Thumb Impression*
of the Subscriber

Sr.No	Particular	Remarks
Section A - Subscriber's Personal Details		
	Subscriber Sector*	1. Govt. Sector <input type="checkbox"/> 2. All India citizens/corporate <input type="checkbox"/> 3. NPS Lite / GDS <input type="checkbox"/>
1.	Organisation Name* (PAO/DTO/CHO/NLAO Name)	
2.	PRAN*	
3.	Full Name*	First Middle Last
4.	Subscriber Gender*	Male <input type="checkbox"/> Female <input type="checkbox"/>
5.	Father's Name*	First Middle Last
6.	Marital Status*	Married <input type="checkbox"/> Unmarried/Others <input type="checkbox"/>
7.	Maiden Name (In case of female married subscriber)	First Middle Last
8.	Spouse's Name (only if subscriber is married & spouse is alive)	First Middle Last
9.	Spouse Gender (only if subscriber is married & spouse is alive)	Male <input type="checkbox"/> Female <input type="checkbox"/>
10.	Date of Resignation/Exit*	DD / MM / YYYY
11.	Date of Birth (As in PRAN Card)*	DD / MM / YYYY
12.	Aadhar/VID	
13.	PAN*	
14.	CKYC Number	
15.	Are you a Politically Exposed Person (PEP)*	Yes <input type="checkbox"/> No <input type="checkbox"/>
16.	Are you related to a Politically Exposed Person (PEP)*	Yes <input type="checkbox"/> No <input type="checkbox"/>
17.	Do you have any history of conviction under any criminal proceedings in India or abroad?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, please provide details	
18.	Contact details	Mobile number* : +91 Alternate phone number : E-mail ID* :
19.	Subscriber's full address with pin code* (Please refer instruction No. 10 for documents to be submitted)	

Section B - Subscriber's Bank Details - (Please refer instruction No. 7)

20.	Bank Account Number*# :	
21.	Bank Name*	
22.	Bank Branch Name and Address : The monthly pension and lump sum amount would be deposited into this account and hence fill in all the details carefully.*	
23.	IFSC Code (attach a cancelled cheque leaf or copy of bank passbook /bank certificate containing IFSC code)*	

Fields marked with * are mandatory. # Should be same where last salary credited in case of Government sector/Corporate sector subscribers

Section C - Subscriber's withdrawal Details - (Please refer instruction No. 8)

Before attaining superannuation or attaining 60 / 65 years of age

a) Would you like to withdraw full amount (If less than or equal to Rs. 2.5 Lakh / Rs. 1 Lakh for NPS Lite) Yes ☐ No ☐

b) Would you like to have normal Withdrawal (Lump sum & Annuity Withdrawal)?# Yes ☐ No ☐

Please provide the Percentage of corpus that you wish to opt for lump sum withdrawals and purchase of annuity

% of corpus opted for lump sum withdrawal (Max 20%)	Percentage of corpus opted for purchase of annuity (Min 80%)	Total (100%)

Section D - Subscriber's Annuity Details (Please refer instruction No. 15 & 16) (Not to be filled in case of complete withdrawal)**Select Annuity Service Provider (please tick one of the below options as per your choice)**

- | | |
|---|--|
| <input type="checkbox"/> Bajaj Allianz Life Insurance Co. Ltd. | <input type="checkbox"/> Canara HSBC Oriental Bank of Commerce Life Insurance Co. Ltd. |
| <input type="checkbox"/> Edelweiss Tokio | <input type="checkbox"/> HDFC Life Insurance Co. Ltd. |
| <input type="checkbox"/> ICICI Prudential Life Insurance Co. Ltd. | <input type="checkbox"/> IndiaFirst Life Insurance Co. Ltd. |
| <input type="checkbox"/> Kotak Mahindra Life Insurance Co. Ltd. | <input type="checkbox"/> Life Insurance Corporation of India |
| <input type="checkbox"/> Max Life Insurance Co. Ltd. | <input type="checkbox"/> PNB Metlife Insurance Co. Ltd. |
| <input type="checkbox"/> SBI Life Insurance Co. Ltd. | <input type="checkbox"/> Star Union Dai-ichi Life Insurance Co. Ltd. |
| <input type="checkbox"/> Tata AIA Life Insurance Co. Ltd. | |

Select Annuity Scheme (please tick one of the below options as per your choice)

- ☐ Annuity for Life
- ☐ Annuity for Life with return of purchase price on death
- ☐ Annuity payable for life with 100% annuity payable to spouse on death of annuitant
- ☐ Annuity payable for life with 100% annuity payable to spouse on death of annuitant with return on purchase of annuity
- ☐ NPS-Family Income option (Default annuity)
- ☐ Other (Please Specify) _____

Select Annuity Frequency: Please tick one of the below options as per your choice. (For Government Subscriber, annuity frequency is monthly only)

- ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annual

Date : DD / MM / YYYY

* Signature/Thumb Impression of the Subscriber

*In case of female right thumb Impression and in case of male left thumb Impression may be taken

Section E - Subscriber's Nomination Details*

Nomination Details: Applicable to those eligible sums as per regulations. Nominee must be immediate family member of subscriber (Spouse, Children etc) in general except for exceptions as provided in Regulations.	Name :	Percentage Share:
	Relationship : Date of Birth of Nominee (Only in case of minor) : DD / MM / YYYY	
	Guardian Name (Only in case of minor)	
	Guardian DOB (Only in case of minor)	
	Address & Contact Details :	
	Guardian Signature (Only in case of minor)	
	Name :	Percentage Share:
	Relationship : Date of Birth of Nominee (Only in case of minor) : DD / MM / YYYY	
	Guardian Name (Only in case of minor)	
	Guardian DOB (Only in case of minor)	
	Address & Contact Details :	
	Guardian Signature (Only in case of minor)	
	Name :	Percentage Share:
	Relationship : Date of Birth of Nominee (Only in case of minor) : DD / MM / YYYY	
	Guardian Name (Only in case of minor)	
	Guardian DOB (Only in case of minor)	
	Address & Contact Details :	
	Guardian Signature (Only in case of minor)	

Section F - Subscriber's Family Member Details* (To be filled in case subscriber has selected Joint Life Policy or NPS-Family Income option)

Family Member Details for providing annuity as chosen by the subscriber.

Sr.No.	Details	Full Name	Aadhar/VID	PAN ^s	Date of Birth
1.	Spouse ^s				DD / MM / YYYY
2.	Dependent Mother (if living)				DD / MM / YYYY
3.	Dependent Father (if living)				DD / MM / YYYY
4.	Child 1 (if living)				DD / MM / YYYY
5.	Child 2 (if living)				DD / MM / YYYY
6.	Child 3 (if living)				DD / MM / YYYY

Note: In case of children being more than 3, please specify in an additional sheet.

Fields marked with* are mandatory.

^sMandatory in case subscriber opts for Joint Life Policy & NPS-Family Income option

Section G - Declaration & Attestation by Nodal Office**TO BE FILLED/ATTESTED BY DDO/PAO/POP-SP**

1. I/we have verified the documents as submitted by the Subscriber with the originals and authorized this application for processing of the subject claim of the subscriber. It is certified that the details as provided in this application form are matching with the information available in the official record maintained by us. The complete information provided in this form including declaration and nomination details have been provided by the Subscriber Sh/Smt/Ms. _____ after he / she having read the entries / entries have been read over to him / her by me and got confirmed by him / her.
2. That all the contributions with respect to the Subscriber's NPS contribution and employer contribution have been transferred in to the PRAN of the subscriber and no further contributions are pending at Nodal Officer level. (only for government nodal office)
3. That Identity of the Subscriber is certified as provided in the withdrawal form above. The name of Subscriber as mentioned on the withdrawal form has been verified and can be accepted as final.
4. It is certified that the bank account (Salary Account) details provided in the form is as per the salary records maintained in our office. The bank account details (salary account) of subscriber as provided in bank details section have been checked and verified and the same can be accepted for payment. (only for government nodal office).

Rubber Stamp of the DDO/POP-SP/NLCC

Signature of the Authorised Person

DDO/POP-SP/NLCC Registration Number _____

Designation of the Authorised Person : _____

DDO/POP-SP/NLCC Office Name: _____

Date / /

Rubber Stamp of the DTO/PAO/POP/Aggregator

Signature of the Authorised Person

DTO/PAO/POP/ Aggregator Registration Number _____

Designation of the Authorised Person : _____

DTO/PAO/POP/ Aggregator Office Name: _____

Date / / **[As per Regulation 3(b)/4(b)/5(b) of PFRDA (Exits and Withdrawals) under the Regulations, 2015]**

(To be filled in case of complete withdrawal)

Request cum under taking form for withdrawal of total pension wealth before the age of superannuation and where the total pension wealth is equal to or less than Rs. 2,50,000 /- for NPS Subscriber and Rs. 1,00,000 /- for NPS Lite Subscriber respectively.

I, _____ S/D/W/o _____, aged about _____ years,

residing at _____ do hereby solemnly affirm and declare as under:

1. That I am a Subscriber of National Pension System, holding PRAN _____
2. That since the total amount receivable by me as the benefit receivable upon exit from NPS is Rs. _____ which is less than/equal to the limit of 2,50,000 /- (Rs. 1,00,000 /- for NPS Lite) I understand that I am eligible to opt for withdrawal of the total pension wealth under NPS rules/guidelines, Basing on the above, I hereby opt to withdraw my complete pension wealth lying to my credit in my aforesaid PRAN account being the full and final benefits receivable by me.

I also understand that with the aforesaid withdrawal, I or my family members shall not be entitled to receive any other or further benefits under the National Pension System (NPS) including the benefits as provided under PFRDA (Exits and Withdrawals under the National Pension System) Regulations 2015.

Date : DD / MM / YYYY

Place :

*** Signature/Thumb Impression of the Subscriber**

*In case of female right thumb impression and in case of male left thumb impression may be taken.

Rubber Stamp of the DDO/POP-SP/ NLCC

Signature of the DDO/POP-SP/ NLCC

Date / /

Registration No. of DDO/POP-SP/ NLCC

Rubber Stamp of the
DTO/PAO/POP/AggregatorSignature of the
DTO/PAO/POP/AggregatorDate / / Registration No. of
DTO/PAO/POP/ Aggregator

Declaration by the Subscriber

I hereby declare and state that all the personal details provided by me in the form as above are true and correct to the best of my knowledge. I also agree that NPS Trust / CRA shall not be held responsible/liable for any losses or delays that may arise due to provision of incorrect details including details pertaining to bank account details provided by me. Further, I authorize the National Pension System Trust (NPST)/ CRA to share informations pertaining to my withdrawal application with the Annuity Service Providers for facilitating the purchase of annuity in applicable cases as is required under NPS.

Date : DD / MM / YYYY

*** Signature/Thumb Impression of the Subscriber**

*In case of female right thumb Impression and in case of male left thumb Impression may be taken.

Declaration by the Proposer: (Not to be filled in case of complete withdrawal)

I hereby declare that the foregoing statements and informations have been given by me after fully understanding the questions and the annuity options and the same are true, accurate and complete in every manner and that I have not withheld or omitted to give any material information. I understand and agree that the statements in this proposal constitute warranties. I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and Annuity Service Provider (Company) and that if there be any misstatement or suppression of material information or if any untrue statement is contained therein or in case of fraud by me, which comes to the knowledge of the company at any future point of time, the said contract shall be treated as per provisions of Section 45 of the Insurance Act 1938 or any other applicable provisions as amended from time to time.

I also understand and agree that the company shall additionally levy or recover all the applicable taxes like service tax, surcharges, cess etc. from the premiums which are necessitated by various enactments of central and/or state legislatures from time to time.

I understand that the contract will be governed by the provisions of the Insurance Act 1938, and other applicable laws in India and that the contract will not commence until a written acceptance of this proposal is issued by the company and that the benefits under the policy shall be subject to the terms and conditions contained in the contract. I also agree that the amount held in proposal/policy deposit shall not earn any interest.

I further state that the product features and terms and conditions of the policy have been thoroughly explained to me and having understood, I consent to the same.

I further understand that the final annuity amount would be subject to the actual corpus value to be utilised for purchase of annuity at the time of its issuance. I also acknowledge and agree that the funds will not be returned to me in case I choose to cancel the policy under free look period. These funds will be payable by company directly to any other annuity scheme chosen by me which is authorized and approved under the prevalent regulations and applicable rules. Further, no interest will be payable to me on the funds held during this transition period.

I hereby authorize company to send information and servicing related communication regarding this proposal or resulting policy through Email/SMS/Phone Call.

I hereby authorize the company to provide me/our details to banks, financial institutions and third party service providers that the company may have tie-ups with, for verification of proposal details and for servicing of policies.

Signature of the witness

Signature / Left thumb Impression of the Proposer

Affix a recent self signed photograph

Name and Address of witness: _____

Place: _____

Date: DD / MM / YYYY

Declaration when Proposal form is filled by person other than proposer/proposer signs in a vernacular language/proposer is illiterate
(Not to be filled in case of complete withdrawal)

I hereby state that I have read out and explained the contents of this proposal form and all other relevant documents to the proposer in _____ language, he/she/they have understood the same and agree to abide by the terms and conditions of the resulting policy and have affixed his/her/their signature/thumb impression on the proposal form in my presence.

Signature of the person making the declaration

Name & Address _____

Place _____ Date: DD / MM / YYYY

I/We state that the product details, contents of this form and relevant documents have been fully explained to me/us and that I/We have fully understood them. I/We certify that the replies in the proposal form have been recorded as per the information provided by me/us.

Signature / Left thumb Impression of the Proposer

INSTRUCTIONS FOR FILLING UP THE FORM

This application should be filled by the Subscriber seeking to withdraw pension wealth on account of Pre-Mature withdrawal

General Instructions:

1. As per NPS Trust directive, Withdrawal of benefits from NPS account will not be allowed if NPS subscribers registered on or after July 1, 2014 are NOT FATCA compliant. Hence, subscribers are requested to provide FATCA Self-Certification online by log-in to NPS Account (www.cra-nsdl.com). Alternatively subscriber can submit FATCA Self Certification to their Nodal Office.
2. As per amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2017, Withdrawal of benefits from NPS account will not be allowed if Aadhaar and PAN are not seeded into PRAN. Subscribers are requested to seed their Aadhaar and PAN into NPS account before initiating withdrawal request (Aadhaar not mandatory till Hon'ble supreme court order)
- 3a. It is advisable that subscriber fills in the Exit/Withdrawal form online and takes a print out of online form and submits it to the nodal office/POP along with KYC document for further approval/processing. However, he/she has the option to submit the physical form to his nodal office/POP. The nodal office has to compulsorily submit the form in online mode only. Physical forms submitted to CRA will not be processed.
- 3b. Subscriber (other than government sector & Corporate) has an option to initiate a self-authorization using Aadhaar. This facility will be available only if the NPS pension wealth is below threshold limit as prescribed in PFRDA (Exits and Withdrawals under National Pension System) Regulation 2015 or circular issued by the authority.
4. All the columns in the form should be filled with black ink pen without any overwriting.
5. Fields marked with (*) are mandatory.
6. Correct postal address, including the pin code should be provided.
7. **Documents to be enclosed with withdrawal application form:**
 - i. **Copy of the Address proof** attested by the Nodal office in support of the address provided on the withdrawal form. The address on the withdrawal form should match with address present on the address proof.
 - ii. **Copy of the Identity proof** attested by Nodal Office.
 - iii. **Copy of PRAN card** (Not required in case of Government Sector Subscriber) If Copy of PRAN Card is not available, print out of ePRAN or submit a duly notarized Affidavit as to the reasons of non-submission of the PRAN card.
 - iv. **Cancelled cheque** (containing Subscriber Name, Bank Account Number and IFS Code) or Bank Certificate/ Bank Passbook Containing Name, Bank Account Number and IFSC code, for direct credit or electronic transfer.
8. **Withdrawal preference:**
 - i. Select the Withdrawal preference as Normal withdrawal or Complete Withdrawal (If accumulated NPS wealth is less than or equal to Rs. 2.5 Lakh / Rs. 1 Lakh (for NPS Lite Subscriber)).
 - ii. If subscriber selects the Normal withdrawal option, he/she needs to fill up percentage of allocation for amount to be withdrawn as Lump- sum and amount to purchase life annuity provided under Section C of the Form.
 - iii. In case of percentage of withdrawal is not provided by the subscriber, a default 20% of the accumulated pension wealth shall be paid as lump sum to the subscriber and rest 80% of the amount shall be utilised for annuity purchase. The subscriber needs to mandatorily provide the Annuity details under Section D - Annuity Details, in case of Normal withdrawal.
 - iv. The subscriber availing the complete withdrawal option (where the accumulated amount is less than or equal to Rs. 2.5 Lakh / Rs. 1 Lakh (for NPS Lite Subscriber)) shall leave the Annuity Details section and Subscriber Family Member Details blank and fill up Request Cum Undertaking Form provided along with the Form.
 - v. If the accumulated pension wealth of the subscriber is more than Rs. 2.5 Lakh / Rs. 1 Lakh (for NPS Lite) but the age of the subscriber is less than the minimum age required for purchasing any annuity

from any of the empanelled annuity service providers as chosen by such subscriber, such subscriber shall continue to subscribe to the National Pension System, until he or she attains the age of eligibility for purchase of any annuity

9. For details of Annuity options and Annuity Service Providers, please read instructions No. 15.

10. List of documents acceptable as Proof Identity and Address for exit:-

Sr. No.	Proof of Identity (Copy of any one of the given below documents)	Proof of Address (Copy of any one of the given below documents)
a	Passport issued by Government of India.	Passport issued by Government of India.
b	Ration Card with Photograph.	Ration card with photograph and residential address.
c	Bank pass book or Certificate with Photograph	Bank Pass book or certificate with photograph and residential address.
d	Voters Identity card with photograph and residential address.	Voters Identity card with photograph and residential address.
e	Valid Driving license with photograph.	Valid Driving license with photograph and residential address.
f	PAN Card issued by income tax department.	Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional Commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.
g	Certificate of identify with photograph signed by a Member of Parliament or Member of Legislative Assembly.	Certificate of address with photograph signed by a Member of Parliament or member of Legislative Assembly.
h	Aadhar Card/letter issued by Unique identification Authority of India.	Aadhar Card/letter issued by Unique identification Authority of India. Clearly showing the address.
i	Job Cards issued by NREGA duly signed by an Officer of the State Government.	Job Cards issued by NREGA duly signed by an Officer of the State Government.
j	Photo Identity card issued by Defence, Paramilitary and Police Departments.	Latest Electricity/Water bill in the name of the subscriber / Claimant and showing the address (Less than 6 months old).
k	Ex-Service Man Card issued by Ministry of Defence to their employees.	Latest Telephone bill in the name of the subscriber/ Claimant and showing the address (less than 6 months old).
l	Photo credit Card.	Latest property/house Tax Receipt (not more than one year old).
m	—	Existing Valid registered lease agreement of the house on stamp paper (in case agreement of the house on stamp paper (in case of rented/leased accommodation).
n	Identity card issued by Central /State government and its Departments, Statuary Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.	The identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statuary/Regulatory Authorities, Public Sector Undertakings, Schedules Commercial Banks, Public Financial Institution for their Employees.

11. The subscriber needs to provide his/her complete bank details like name of the bank, branch, complete address of branch, account type and IFSC otherwise the form may get rejected by CRA. Please make sure there is no cutting attempt on this section. The lump sum payment shall be directly credited to the bank account of the subscriber through electronic mode of payment.

If there is any change in Bank Details and Address details, subscribers are requested to update the same in CRA records prior to initiation of online withdrawal request. At the time of initiation of online withdrawal request, updation of Bank Details and Address Details is not allowed.

12. Subscriber of All Citizen model has to be part of NPS for at least 5 years as per Regulation 4 (b) of the PFRDA (Exits and Withdrawal under National Pension System) Regulation 2015 & amendments thereto
13. As per PFRDA (Exit & withdrawal) Regulations, in case of NPS Life Subscribers, where the accumulated pension wealth does not exceed one lakh rupees, the whole pension wealth shall be paid without annuitisation to the subscribers who have not availed any Swavalamban co-contribution, and also to the subscribers who though have availed Swavalamban co-contribution but are not eligible for auto migration to Atal Pension Yojana, after deducting the Government's co-contribution with returns thereon.
14. The nodal office after verifying the completeness of the Withdrawal Form and supporting documents in all respects after signature/thumb impression of subscriber and declaration and attestation of the authorized person at nodal office shall send at below mentioned address for record keeping within 90 days from the date of approval:

NPS Claim Processing Cell,

Central Recordkeeping Agency (National Pension System)

Protean eGov Technologies Limited

(formerly NSDL e-Governance Infrastructure Limited)

1st Floor, Times Tower,

Kamala Mills Compound,

Senapati Bapat Marg, Lower Parel,

Mumbai - 400013.

15. Annuity Service Providers

There are 13 Annuity Service Providers empanelled by PFRDA for providing the annuity services to NPS subscribers as per the list provided below (Name of the ASPs are given in an alphabetical order).

Name of the ASPs, minimum age and minimum corpus required for annuity purchase

Annuity Service Provider Name	Minimum Age	Minimum Corpus (Rs.)
Bajaj Allianz Life Insurance Co. Ltd.	37	25,000
Canara HSBC Oriental Bank of Commerce Life Insurance Co. Ltd.	45	2,25,000
Edelweiss Tokio	40	2,00,000
HDFC Life Insurance Co. Ltd.	20	Any Amount
ICICI Prudential Life Insurance Co Ltd	30	Any Amount
IndiaFirst Life Insurance Co. Ltd.	40	10,000
Kotak Mahindra Life Insurance Co. Ltd.	45	2,05,000
Life Insurance Corporation of India	30	50,000
Max Life Insurance Co. Ltd.	50	2,50,000
PNB Metlife Insurance Co. Ltd.	18	3,00,000
SBI Life Insurance Co. Ltd.	18	50,000
Star Union Dai-ichi Life Insurance Co. Ltd	45	1,00,000
Tata AIA Life Insurance Co. Ltd.	45	2,24,200

The following are the variants that are available in India and with most of the ASPs. Subscriber needs to select any of the below mentioned option on the withdrawal form:

- Annuity for life** - On death of the annuitant, payment of annuity ceases
- Annuity for life with return of purchase price on death** - On death of the annuitant, payment of annuity ceases and the purchase price is returned to the nominee
- Annuity payable for life with 100% annuity payable to spouse on death of annuitant** - On death of the annuitant, annuity is paid to the spouse during his/her life time. If the spouse predeceases the annuitant, payment of annuity will cease after the death of the annuitant.
- Annuity payable for life with 100% annuity payable to spouse on death of annuitant with return on purchase of annuity** - On death of the annuitant, annuity is paid to the spouse during his/her life time and purchase price is returned to the nominee after the death of the spouse. If the spouse predeceases the annuitant, payment of annuity will cease after the death of the annuitant and purchase price is paid to the nominee.

Note:

Please note the exit from NPS and purchase of annuity from empanelled ASP are two separate processes. It is mandatory for subscribers to purchase annuity scheme from Annuity Service Providers (ASP) empanelled by PFRDA. Post receipt of the form by ASP and completely satisfying themselves of completeness of the form and KYC requirements, annuity shall be issued to subscriber.

The more details on the availability of particular annuity scheme with an ASP and annuity quotes etc. are available on the CRA's website as per link below:

www.npsdra.nsdl.co.in/annuity-service-providers.php

ASP Scheme Details and Annuity Selection Matrix may change. Please visit CRA website before filling Annuity Details. The list of empanelment of ASPs may undergo changes depending upon new empanelment of ASPs by PFRDA from time to time.

16. Default Annuity Scheme (for Government Sector subscriber only)

The subscriber upon exit from NPS shall have to purchase annuity with a minimum of 80% of the accumulated pension wealth which shall provide for annuity for life of the subscriber and his or her spouse (if any) with provision for return of purchase price of the annuity and upon the demise of such subscriber, the annuity be re-issued to the family members in the order specified hereunder at a premium rate prevalent at the time of purchase of such annuity by utilizing the purchase price required to be returned under the annuity contract (until all the family members in the order specified below are covered) :

- living dependent mother of the deceased subscriber;
- living dependent father of the deceased subscriber.

After the coverage of all the family members specified above, the purchase price shall be returned to the surviving children of the subscriber and in the absence of children, the legal heirs of the subscriber, as may be applicable.

However, the subscriber who does not wish to opt default option mentioned above and wishes to choose the annuity contract of his choice from the available annuity types or contracts with the annuity service providers may choose an option as mentioned under instruction no. 15 above.

Section B - Claimant's Bank Details - (Please refer instruction No. 6) "Fields marked with * are mandatory."

20.	Bank Account Number* :	
21.	Bank Name*	
22.	Replace with "Bank Branch Name and Address : Monthly pension and lump sum amount will be deposited into this account and hence fill in all details carefully.*"	
23.	IFSC Code (attach a cancelled cheque leaf or copy of bank passbook /bank certificate containing IFSC code)*	

Section C - Claimant Withdrawal Details - (Please refer instruction No. 6)

In event of death after / before superannuation or attaining 60 / 65 years of age

a) Would you like to withdraw full amount (if less than or equal to 5 lakh for Government Subscriber) Yes ☐ No ☐

or

b) Would you like to have normal Withdrawal (Lump sum & Annuity Withdrawal)* Yes ☐ No ☐

Please provide the Percentage of corpus that you wish to opt for lump sum withdrawals and purchase of annuity:

Claimant can allocate any percentage of amounts to be invested in annuity scheme. (not applicable in case of Government Sector)

% of corpus opted for lump sum withdrawal (Max 20% - for Government Subscriber)	Percentage of corpus opted for purchase of annuity (Min 80%- for Government Subscriber)	Total (100%)

Section D - Claimant's Annuity Details - (Please refer instruction No. 10 & 11) (Not to be filled in case of complete withdrawal)**Select Annuity Service Provider (please tick one of the below options as per your choice)**

- | | |
|---|--|
| <input type="checkbox"/> Bajaj Allianz Life Insurance Co. Ltd. | <input type="checkbox"/> Canara HSBC Oriental Bank of Commerce Life Insurance Co. Ltd. |
| <input type="checkbox"/> Edelweiss Tokio | <input type="checkbox"/> HDFC Life Insurance Co. Ltd. |
| <input type="checkbox"/> ICICI Prudential Life Insurance Co. Ltd. | <input type="checkbox"/> IndiaFirst Life Insurance Co. Ltd. |
| <input type="checkbox"/> Kotak Mahindra Life Insurance Co. Ltd. | <input type="checkbox"/> Life Insurance Corporation of India |
| <input type="checkbox"/> Max Life Insurance Co. Ltd. | <input type="checkbox"/> PNB MetLife Insurance Co. Ltd. |
| <input type="checkbox"/> SBI Life Insurance Co. Ltd. | <input type="checkbox"/> Star Union Dai-ichi Life Insurance Co. Ltd. |
| <input type="checkbox"/> TATA AIA Life Insurance Co. Ltd. | |

Select Annuity Scheme (please tick one of the below options as per your choice)

- ☐ Annuity for Life
- ☐ Annuity for Life, with return of purchase price on death
- ☐ Annuity for Life, with 100% annuity payable to spouse on death of annuitant
- ☐ Annuity for Life, with 100% annuity payable to spouse on death of annuitant, with return of purchase price
- ☐ NPS-Family Income option (Default annuity)(Mandatory For Government Sector Subscriber)
- ☐ Other (Please Specify) _____

Select Annuity Frequency: Please tick one of the below options as per your choice. (For Government Subscriber, annuity frequency is monthly only)

- ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annual

***Signature/Thumb Impression of the Claimant**
(Signature of Guardian in case the Claimant is a minor)

Date : DD / MM / YYYY and *In case of female right thumb Impression and in case of male left thumb Impression may be taken

Section E - Subscriber's Family Member Details* (To be filled in case claimant has selected NPS-Family Income option)

Family Member Details for providing annuity.

Sr.No	Details	Full Name	Aadhar/VID	PAN ^s	Date of Birth
1.	Spouse ^s				DD / MM / YYYY
2.	Dependent Mother (if living)				DD / MM / YYYY
3.	Dependent Father (if living)				DD / MM / YYYY
4.	Child 1 (if living)				DD / MM / YYYY
5.	Child 2 (if living)				DD / MM / YYYY
6.	Child 3 (if living)				DD / MM / YYYY

Note: In case of children being more than 3, please specify in an additional sheet.^sMandatory in case Claimant opts for NPS-Family Income option.**"Declaration by the Claimant"**

I hereby declare and state that all the personal details provided by me in the form as above are true and correct to the best of my knowledge. I also agree that NPS Trust / CRA shall not be held responsible/liable for any losses or delays that may arise due to provision of incorrect details including details pertaining to bank account by me. Further, I authorize the National Pension System Trust(NPST)/ CRA to share informations pertaining to my withdrawal application with the Annuity Service Providers for facilitating the purchase of annuity in applicable cases as is required under NPS.

a. I hereby declare that there is no order from the competent court restraining the payment from the NPS account of the deceased subscriber or to make the payment in favour of any other person.

b. I will indemnify the CRA/PFRDA/NPS Trust for any loss or detriment that may be caused on account of settling the claim for withdrawal of accumulated pension wealth in my favour.

***Signature/Thumb Impression of the Claimant**
(Signature of Guardian in case the Claimant is a minor)

Date : DD / MM / YYYY

*In case of female right thumb Impression and in case of male left thumb Impression may be taken.



Declaration by the Proposer: (Not to be filled in case of complete withdrawal)

I hereby declare that the foregoing statements and informations have been given by me after fully understanding the questions and the annuity options and the same are true, accurate and complete in every manner and respects and that I have not withheld or omitted to give any material information. I understand and agree that the statements in this proposal constitute warranties. I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and Annuity Service Provider (Company) and that if there be any misstatement or suppression of material information or if any untrue Statement is contained therein or in case of fraud by me, which comes to the knowledge of the company at any future point of time, the said contract shall be treated as per provisions of Section 45 of the Insurance Act 1938 or any other applicable provisions, as amended from time to time.

I also understand and agree that the company shall additionally levy or recover all the applicable taxes like service tax, surcharges, cess etc. from the premiums

which are necessitated by various enactments of central and/or state legislatures from time to time.

I understand that the contract will be governed by the provisions of the Insurance Act 1938, and other applicable laws in India and that the contract will not commence until a written acceptance of this proposal is issued by the company and that the benefits under the policy shall be subject to the terms and conditions contained in the contract. I also agree that the amount held in proposal/policy deposit shall not earn any interest.

I further state that the product features and terms and conditions of the policy have been thoroughly explained to me and having understood, I consent to the same.

I further understand that the final annuity amount would be subject to the actual corpus value to be utilised for purchase of annuity at the time of its issuance.

I also acknowledge and agree that the funds will not be returned to me in case I choose to cancel the policy under free look period. These funds will be payable by company directly to any other annuity scheme chosen by me which is authorized and approved under the prevalent regulations and applicable rules.

Further, no

interest will be payable to me on the funds held during this transition period.

I hereby authorize company to send information and servicing related communication regarding this proposal or resulting policy through Email/SMS/Phone Call.

I hereby authorize the company to provide me/our details to banks, financial institutions and third party service providers that the company may have tie-ups with, for verification of proposal details and for servicing of policies.

Signature of the witness

Signature / Left thumb Impression of the Proposer

Affix a recent self signed photograph

Name and Address of witness: _____

Place: _____

Date: DD / MM / YYYY

Declaration when Proposal form is filled by person other than proposer/proposer signs in a vernacular language/proposer is illiterate

(Not to be filled in case of complete withdrawal)

I hereby state that I have read out and explained the contents of this proposal form and all other relevant documents to the proposer in _____ language, that he/she/they undertook that he/she/they have understood the same and agree to abide by the terms and conditions of the resulting policy and have affixed his/her/their signature/thumb impression on the proposal form in my presence.

Signature of the person making the declaration

Name & Address _____

Place _____ Date: DD / MM / YYYY

I/We state that the product details, contents of this form and relevant documents have been fully explained to me/us and that I/We have fully understood them. I/We certify that the replies in the proposal form have been recorded as per the information provided by me/us.

Signature / Left thumb Impression of the Proposer

Section F - Declaration & Attestation by Nodal Office**TO BE FILLED/ATTESTED BY DDO/PAO/POP-SP**

1. I/we have verified the documents as submitted by the Claimant with the originals and authorized this application for processing of the subject claim of the claimant. It is certified that the details as provided in this application form are matching with the information available in the official record maintained by us. The complete information provided in this form including declaration and nomination details have been provided by the Claimant

Sh/Smt/Ms. _____ after he / she having read the entries / entries have been read over to him / her by me and got confirmed by him / her.

2. That all the contributions with respect to the Subscriber's NPS contribution and employer contribution have been transferred in to the PRAN of the Subscriber and no further contributions are pending at Nodal Officer level. (only for government nodal office)
3. That Identity of the Subscriber / Claimant is certified as provided in the withdrawal form above. The name of Subscriber / Claimant as mentioned on the withdrawal form has been verified and can be accepted as final.
4. It is also certified that this office has not paid/received any family pension to the legal heir(s)/nominee(s) of the deceased subscriber and we don't have any objection for release of accumulated pension wealth to his/her claimant. (Applicable for government Sector subscribers only)
5. The bank account details of the Claimant as provided in bank details section have been checked and verified and the same can be accepted for payment.

Rubber Stamp of the DDO/POP-SP/NLCC

Signature of the Authorised Person

DDO/POP-SP/NLCC Registration Number _____

Designation of the Authorised Person : _____ DDO/POP-SP/NLCC Office Name: _____

Date / /

Rubber Stamp of the DTO/PAO/POP/Aggregator

Signature of the Authorised Person

DTO/PAO/POP/ Aggregator Registration Number _____

Designation of the Authorised Person : _____ DTO/PAO/POP/Aggregator Office Name: _____

Date / /

[As per Regulation 3(c) of PFRDA (Exits and Withdrawals) under Regulations, 2015]

(To be filled in case of complete withdrawal)

Request cum under taking form for withdrawal of total pension wealth due to death of Subscriber and/or where the total pension wealth is equal to or less than Rs. 5,00, 000/- in case of government sector Subscriber

I _____ being a nominee/legal heir/guardian of minor nominee or minor heir of the deceased subscriber apply for the payment of the accumulated pension wealth of the deceased subscriber under the NPS and do hereby solemnly affirm and declare as under:

1. That I have been nominated as a nominee/is legal heir in respect of PRAN _____ of deceased subscriber Sh/Smt/Ku _____, under NPS. _____.
2. That since the total amount receivable as benefits upon exit from NPS is Rs _____ which is less than/equal to the limit of Rs. 5,00,000/-, I/we understand that I am eligible to opt for withdrawal of the total pension wealth in the individual pension account of the deceased subscriber as per the provisions of the PFRDA (Exits and withdrawals from NPS) Regulations, 2015 as amended.
3. I/we accordingly hereby opt to withdraw complete pension wealth lying in the aforesaid PRAN account, as admissible and being the full and final benefits receivable by me/us.

I also understand that with the aforesaid withdrawal, I or my family members shall not be entitled to receive any other or further benefits including annuities under the National Pension System (NPS) as stipulated under PFRDA (Exits and Withdrawals under the National Pension System) Regulations 2015, as amended.

Date :

Place :

***Signature/Thumb Impression of the Claimant
(Signature of Guardian in case the Claimant is a minor)**

*In case of female right thumb Impression and in case of male left thumb Impression may be taken.

Rubber Stamp of the DDO/POP-SP/NLCC

Signature of the DDO/POP-SP/NLCC

Date / /

Registration No. of DDO/POP-SP /NLCC

Rubber Stamp of the
DTO/PAO/POP/Aggregator

Signature of the
DTO/PAO/POP/Aggregator

Date / /

Registration No. of
DTO/PAO/POP/ Aggregator

*In case of female right thumb Impression and in case of male left thumb Impression may be taken.



INSTRUCTIONS FOR FILLING UP FORM

This application should be filled by the nominee/claimant seeking to withdraw pension wealth benefits due to death of the NPS subscriber

General Instructions:

1. As per amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2017, withdrawal of benefits from NPS Account will not be allowed if Aadhaar and PAN of the claimant is not provided at the time of initiation of online withdrawal request (Aadhaar not mandatory till Hon'ble supreme court order).
2. The claimant has to submit the physical form to the subscriber's nodal office. The nodal office has to compulsorily submit the form in online mode only. Physical form submitted to CRA will not be processed.
3. All the columns in the form should be filled with black ink pen without any overwriting. Fields marked with (*) are mandatory.
4. Correct postal address, including the pin code should be provided.
5. **Documents to be enclosed with withdrawal application form:**
 - i. **Original Death Certificate** of deceased subscriber. In case of NPS Lite and Government Sector subscriber copy of death certificate duly attested by Nodal Office is required.
 - ii. **Copy of the Address proof** of nominee/claimant attested by the Nodal Office in support of the address provided on the withdrawal form. The address given on the withdrawal form should match with address present on the address proof.
 - iii. **Copy of the Identity proof** of nominee/claimant attested by the Nodal Office.
 - iv. **Copy of PRAN card** (Not required in case of Government Sector Subscriber) If Copy of PRAN Card is not available, print out of ePRAN or submit a duly notarized Affidavit as to the reasons of non-submission of the PRAN card.
 - v. **Cancelled cheque** (containing Nominee/claimant's Name, Bank Account Number and IFS Code) or Bank Certificate/Bank Passbook Containing Name, Bank Account Number and IFSC code, for direct credit or electronic transfer.
6. **Withdrawal preference:**
 - i. The entire accumulated NPS wealth in the individual pension account of the deceased subscriber shall be paid as lump sum to the nominee(s)/legal heir(s).
 - ii. Claimant is not required to fill Section D, Section E and Declaration by Proposer if Claimant opts for Complete Withdrawal or Claimant opts for Lump Sum Withdrawal only.
 - iii. In case nominee is a minor, the form shall be filled up by the guardian.
 - iv. The nominee or family member of the deceased subscriber have the option to purchase any of the annuities available with the empanelled Annuity Service Providers (ASPs).
 - v. If the nomination is not registered by the deceased subscriber before his/her death, the accumulated pension wealth shall be paid to the family members on the basis of the legal heir certificate issued by the Revenue Authorities of the State concerned or the Succession Certificate issued by a court of competent jurisdiction.
7. The nominee(s)/legal heir(s) need to provide his/her complete bank details like name of the bank, branch, complete address of branch, account type and IFSC otherwise the form may get rejected by CRA. Please make sure there is no cutting or overwriting in this section. The lump sum payment shall be directly credited to the bank account of the nominee(s)/legal heir(s) through electronic mode of payment.

8. List of documents acceptable as Proof Identity and Address for exit:-

Sr. No.	Proof of Identity (Any one of the given below documents)	Proof of Address (Any one of the given below documents)
a	Passport issued by Government of India.	Passport issued by Government of India.
b	Ration Card with Photograph.	Ration card with photograph and residential address.
c	Bank pass book or Certificate with Photograph	Bank Pass book or certificate with photograph and residential address.
d	Voters Identity card with photograph and residential address.	Voters Identity card with photograph and residential address.
e	Valid Driving license with photograph.	Valid Driving license with photograph and residential address.
f	PAN Card issued by income tax department.	Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional Commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.
g	Certificate of identify with photograph signed by a Member of Parliament or Member of Legislative Assembly.	Certificate of address with photograph signed by a Member of Parliament or member of Legislative Assembly.
h	Aadhar Card/letter issued by Unique identification Authority of India.	Aadhar Card/letter issued by Unique identification Authority of India. Clearly showing the address.
i	Job Cards issued by NREGA duly signed by an Officer of the State Government.	Job Cards issued by NREGA duly signed by an Officer of the State Government.
j	Photo Identity card issued by Defence, Paramilitary and Police Departments.	Latest Electricity/Water bill in the name of the subscriber / Claimant and showing the address (Less than 6 months old).
k	Ex-Service Man Card issued by Ministry of Defence to their employees.	Latest Telephone bill in the name of the subscriber/ Claimant and showing the address (less than 6 months old).
l	Photo credit Card.	Latest property/house Tax Receipt (not more than one year old).
m	–	Existing Valid registered lease agreement of the house on stamp paper (in case agreement of the house on stamp paper (in case of rented/leased accommodation).
n	Identity card issued by Central / State government and its Departments, Statuary Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.	The identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statuary/Regulatory Authorities, Public Sector Undertakings, Schedules Commercial Banks, Public Financial Institution for their Employees.

9. The Nodal Office after verifying the completeness of the Withdrawal Form and supporting documents in all respects after signature/thumb impression of nominee/ legal heir and declaration and attestation of the authorised person at Nodal Office shall send at below mentioned address for processing of the withdrawal claim for record keeping within 90 days from the date of approval:

NPS Claim Processing Cell

Central Recordkeeping Agency (National Pension System)
Protean eGov Technologies Limited
(formerly NSDL e-Governance Infrastructure Limited)
1st Floor, Times Tower,
Kamala Mills Compound,
Senapati Bapat Marg, Lower Parel,
Mumbai - 400013.

10. Annuity Service Providers

There are 13 Annuity Service Providers empanelled by PFRDA for providing the annuity services to NPS subscribers as per the list provided below (Name of the ASPs are given in an alphabetical order).

Name of the ASPs, minimum age and minimum corpus required for annuity purchase

Sr. No.	ASP Name	Default annuity		Other than default annuity	
		Minimum Age	Minimum Corpus	Minimum Age	Minimum Corpus
1	Bajaj Allianz Life Insurance Co. Ltd.	37	25,000	37	25,000
2	Canara HSBC OBC Life	45	2,25,000	45	2,25,000
3	Edelweiss Tokio	-	-	40	2,00,000
4	HDFC Life Insurance Co. Ltd.	30	Any Amount	20	Any Amount
5	ICICI Prudential Life Insurance Co. Ltd.	18	Any Amount	30	Any Amount
6	IndiaFirst Life Insurance Co. Ltd.	40	10,000	40	10,000
7	Kotak Mahindra Life Insurance Co. Ltd.	45	2,05,000	45	2,05,000
8	Life Insurance Corporation of India	20	50,000	30	50,000
9	Max Life Insurance Co. Ltd.	-	-	50	2,50,000
10	PNB MetLife Insurance Co. Ltd.	18	3,00,000	18	3,00,000
11	SBI Life Insurance Co. Ltd.	18	50,000	18	50,000
12	Star Union Dai-ichi Life Insurance Co. Ltd.	45	1,00,000	45	1,00,000
13	TATA AIA Life Insurance Co. Ltd.	45	2,24,200	45	2,24,200

The following are the variants that are available in India and with most of the ASPs. Subscriber needs to select any of the below mentioned option on the withdrawal form:

- Annuity for life** - On death of the annuitant, payment of annuity ceases.
- Annuity for life with return of purchase price on death** - On death of the annuitant, payment of annuity ceases and the purchase price is returned to the nominee
- Annuity payable for life with 100% annuity payable to spouse on death of annuitant** - On death of the annuitant, annuity is paid to the spouse during his/her life time. If the spouse predeceases the annuitant, payment of annuity will cease after the death of the annuitant.
- Annuity payable for life with 100% annuity payable to spouse on death of annuitant with return on purchase of annuity** - On death of the annuitant, annuity is paid to the spouse during his/her life time and purchase price is returned to the nominee after the death

of the spouse If the spouse predeceases the annuitant, payment of annuity will cease after the death of the annuitant and purchase price is paid to the nominee.

Note:

Please note the exit from NPS and purchase of annuity from empanelled ASP are two separate processes. It is mandatory for claimant to purchase annuity scheme from Annuity Service Providers (ASP) empanelled by PFRDA. Post receipt of the form by ASP and completely satisfying themselves of completeness of the form and KYC requirements, annuity shall be issued to claimant (applicable to government sector subscriber).

The more details on the availability of particular annuity scheme with an ASP and annuity quotes etc. are available on the CRA's website as per link below:

www.npsra.nsdl.co.in/annuity-service-providers.php

ASP Scheme Details and Annuity Selection Matrix may change. Please visit CRA website before filling Annuity Details. The list of empanelment of ASPs may undergo changes depending upon new empanelment of ASPs by PFRDA from time to time.

NPS - Family Income Scheme with return of purchase price

- As per regulation 3 (c), at least 80% out of the total accumulated pension wealth of the subscriber shall be mandatorily utilised for purchase of annuity and the Annuity contract shall provide for annuity for life of the spouse of the subscriber (if any) with the provision of return of purchase price. Further details of the annuity scheme are described under Regulation 3(c) provides that the annuity contract shall provide annuity for life of the spouse of the subscriber (if any) with provision for return of purchase price of the annuity and upon the demise of such spouse be re-issued to the family members in the order specified hereunder at the premium rate prevalent at the time of purchase of the annuity, utilizing the purchase price required to be returned under the contract (until all the members given below are covered):
 - living dependent mother of the deceased subscriber ;
 - living dependent father of the deceased subscriber .

After the coverage of all such members, the purchase price shall be returned to the surviving children of the subscriber and in absence of children, to the legal heirs of the subscriber as applicable.

- The balance of the accumulated amount shall be paid as lump sum to the nominee(s) or legal heirs, as the case may be, of such subscriber.
- If the accumulated pension wealth in the permanent retirement account of the subscriber at the time of his death is equal to or less than five lakh rupees, the nominee/legal heirs, has the option to withdraw the entire accumulated pension wealth by submitting request come undertaking form without purchase of annuity. Upon exercise of this option the right of the family members to receive any pension or other amounts under the National Pension System shall extinguish.
- The nominee/claimant claiming the lump sum amount needs to provide his/her complete bank details like name of the bank, branch, complete address of branch, account type and IFSC otherwise the form may get rejected by CRA. Please make sure there is no cutting attempt on and overwriting in this section. The lump sum payment shall be directly credited to the bank account of the nominee/claimant through electronic mode of payment.

NATIONAL PENSION SYSTEM (NPS)

Central Recordkeeping Agency (CRA) - Protean eGov Technologies Limited. (formerly NSDL e-Governance Infrastructure Ltd.)

Request For Change/Correction in Subscriber Master Details And/Or Reissue of I-PIN/T-PIN/PRAN Card

[To avoid mistake(s), please read the accompanying instructions carefully before filling up the form]

For POP-SP/DDO/NL-CC use:

Registration No. _____

Date of Receipt: _____

Signature and Stamp of POP-SP/DDO/NL-CC

For POP/POP-SP/PAO/DTO/DTA/PrAO/ NL-AO/NL-OO use:

Registration No.: _____

Date of Receipt : _____ POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/
NL-OO Stamp:

Entered By : _____ Date: _____

Verified By: _____ Date: _____

Receipt No.: (Mandatory for POP/POP-SP)

Acknowledgement No.

(To be filled by Nodal Office as generated by NPSCAN / CRA system)

I hereby request for the following details for the change [Please tick (✓)].

A) Change or Correction in Subscriber Master Details ☐ **B) Reissue of I-PIN or T-PIN** (Not Applicable for NPS-Lite Subscriber) ☐**C) Reissue of PRAN Card** ☐**Permanent Retirement Account Number *:**

I hereby submit the following details of change. [Please tick (✓) the box on left margin of appropriate row where change/correction is required and provide the details in the corresponding rows.]

Section A – Change or Correction in Subscriber Master Details (* Indicates Mandatory Field)☐ **1. PERSONAL DETAILS:** (Please refer to Sr. No.1 of the instructions)Name of Applicant in full Shri ☐ Smt. ☐ Kumari ☐

First Name*

Middle Name

Last Name

Subscriber's Maiden Name

Father's Full Name:

First Name

Middle Name

Last Name

Mother's Full Name:

First Name

Middle Name

Last Name

Date of Birth

d d / m m / y y y y

(Date of Birth should be supported by relevant documentary proof. Nodal Office shall verify the same before updating details in the CRA system.)

Gender [please tick (✓)]

Male ☐Female ☐Others ☐

Marital Status [please tick (✓)]

Married ☐Unmarried ☐Others ☐

PAN CARD

Spouse Name

(Refer Sr. No. 1 of instructions)

KYC Number

Generated from Central KYC Registry. Submission of proof for the same is necessary.

Retirement Adviser Code

KYC Number, Retirement Adviser Code and Spouse Name fields are not applicable for Government & NPS Lite Subscribers☐ **2. PROOF OF IDENTITY (PoI)** (Any one of the documents need to be provided along with the identification number) [Please refer Sr. No. 2 of the instructions]

Passport

Passport Expiry Date

Voter ID Card

PAN Card

Driving License

Driving License Expiry Date

NREGA JOB Card

Others

Name of the ID

I

D

N

u

m

b

e

r

Please refer Sr. No. 2 of the instructions.

UID (Aadhaar)

(UIDI [Aadhaar] number not required.)

3. PROOF OF ADDRESS (PoA)	Correspondence Address	Permanent Address
<input type="checkbox"/> [Please tick (✓), as applicable] #Not more than 2 months old. Please refer Sr. No. 2 of the instructions	Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others Registered Lease/Sale agreement of residence/Municipal Tax Receipt #Latest Piped Gas/Water/Electricity/Telephone[Landline or postpaid mobile] Bill	Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others Registered Lease/Sale agreement of residence/Municipal Tax Receipt #Latest Piped Gas/Water/Electricity/Telephone[Landline or postpaid mobile] Bill

4.1 CORRESPONDENCE ADDRESS DETAILS [Please refer Sr. No. 2 of the instructions]	
Address Type*	Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified <input type="checkbox"/>
Flat/Room/Door/Block no.	Landmark
Premises/Building/Village	
Road/Street/Lane	
Area/Locality/Taluk	
City/Town/District	PIN Code
State/U.T.	C o u n t r y

4.2 PERMANENT ADDRESS DETAILS <input type="checkbox"/> [Tick (✓) in the box in case the address is same as above.] (Please refer Sr. No. 2 of the instructions)	
Address Type*	Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified <input type="checkbox"/>
Flat/Room/Door/Block no.	Landmark
Premises/Building/Village	
Road/Street/Lane	
Area/Locality/Taluk	
City/Town/District	PIN Code
State/U.T.	C o u n t r y

5. CONTACT DETAILS	
Tel. (Off) (with STD code) +	Tel. (Res) (with STD code) +
Mobile + 9 1	(Mobile Number is required for communication and to get SMS alerts)
Email ID	

6. OTHER DETAILS (Please refer to Sr no. 3 of the instructions)	
▶ Occupation Details [please tick(✓)] Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Others (Please Specify) <input type="text"/>	
▶ Income Range (per annum) Upto 1 lac <input type="checkbox"/> 1 lac to 5 lac <input type="checkbox"/> 5 lac to 10 lac <input type="checkbox"/> 10 lac to 25 lac <input type="checkbox"/> 25 lac and above <input type="checkbox"/>	
▶ Educational Qualifications Below SSC <input type="checkbox"/> SSC <input type="checkbox"/> HSC <input type="checkbox"/> Graduate <input type="checkbox"/> Masters <input type="checkbox"/> Professionals (CA, CS, CMA, etc.) <input type="checkbox"/>	
▶ Please Tick If Applicable Politically exposed person <input type="checkbox"/> Related to Politically exposed Person <input type="checkbox"/> (Please refer instruction no.3)	

7. SUBSCRIBER BANK DETAILS [All bank details are mandatory except MICR Code.] (Please refer to Sr no. 4 of the instructions)	
You want to change Bank details of: Tier I <input type="checkbox"/> Tier II <input type="checkbox"/> (In case you want to change bank details in both Tier I & Tier II Account, tick both check box)	
Tier I Account : Savings A/c <input type="checkbox"/> Current A/c <input type="checkbox"/>	
Bank A/c Number	
Bank Name	
Branch Name	
Branch Address	PIN Code
	State/U.T. C o u n t r y
Bank MICR Code	IFS Code
Tier II Account: If same as Tier I, Please Tick (✓) else, provide the details below:	
Savings A/c <input type="checkbox"/> Current A/c <input type="checkbox"/>	
Bank A/c Number	
Bank Name	
Branch Name	
Branch Address	PIN Code
	State/U.T. C o u n t r y
Bank MICR Code	IFS Code

☐ **8. SUBSCRIBERS NOMINATION DETAILS** (Please refer to Sr. No. 5 of the instructions)

You want to change Nomination details of: Tier I ☐ Tier II ☐

(In case you want to change nomination details in both Tier I & Tier II Account, tick both check box)

Tier I Account :

Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill in Additional Nomination Form provided on page no. 4 & 5 separately.)

First Name	Middle Name	Last Name

Relationship with the Nominee Date of Birth (In case of Minor)

Nominee's Guardian Details (in case of a minor)

First Name	Middle Name	Last Name

Tier II Account : If same as Tier I, Please Tick (✓) else, provide the details below:

Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill Additional Nomination Form provided on pages 4 & 5 separately)

First Name	Middle Name	Last Name

Relationship with the Nominee Date of Birth (In case of Minor)

Nominee's Guardian Details (in case of a minor)

First Name	Middle Name	Last Name

☐ **Section B – Request for Reissue of I-PIN/T-PIN** (Not Applicable for NPS-Lite Subscriber)

I hereby request you to reissue the following

☐ T-PIN ☐ I-PIN

☐ **Section C – Request for Reissue of PRAN card.**

Reissue of T-PIN, I-PIN and reissue of PRAN card will be chargeable to Subscriber/employer by CRA. PRAN Card will be re-printed as per the preference given at the time of registration under NPS.

I _____, the applicant, do hereby declare that the information provided above is true to the best of my knowledge & belief. Date : <input type="text"/>	
	Signature/Thumb Impression* of the Subscriber

To be filled by POP / POP-SP

KYC Compliance : Yes ☐

KYC document accepted for identify proof : _____

KYC document accepted for address proof : _____

Copy of PAN card submitted : Yes ☐ No ☐

PAN Compliance : Yes ☐

POP / POP-SP Seal	
	Signature of Authorized Signatory
	Name : _____ Place : _____ Designation : _____ Date : <input type="text"/>

ADDITIONAL NOMINATION FORM

INSTRUCTIONS FOR FILLING IN THE FORM

The details of nominees to whom the outstanding pension wealth of the Subscriber is payable in case of the demise of the Subscriber before entire proceeds are withdrawn is to be provided hereunder (Please refer instruction no: 5). Also, please note that in case of demise of the Subscriber after opting for deferred withdrawal, all the outstanding pension wealth present in the NPS account of the Subscriber shall be withdrawn upon receiving the request and paid to the nominees as mentioned in this form and the same would be treated as full and final discharge of the obligation.

I hereby submit the Nomination details for: (Please Tick{✓}) Tier I ☐ Tier II ☐ account under NPS.

(Please Tick on above both the option (i.e Tier I and Tier II) in case you want to retain same nomination for both account and in case of different nomination kindly fill separate Nomination Form)

I, _____ hereby nominate the person(s) mentioned below who is/are member(s)/ of my family to receive the amount in my PRAN account under National Pension System in the event of my death.

1. Name of the Nominee:

1st Nominee	2nd Nominee	3rd Nominee
First Name <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	First Name <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	First Name <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>
Middle Name <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	Middle Name <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	Middle Name <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>
Last Name <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	Last Name <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	Last Name <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>

2. Present Communication address of the nominees:

Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd Nominee
<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>
<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>
<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>

3. Date of Birth* (Only in case of a minor):

1st Nominee <div style="border: 1px solid black; display: inline-block; padding: 0 2px;">d</div> <div style="border: 1px solid black; display: inline-block; padding: 0 2px;">d</div> / <div style="border: 1px solid black; display: inline-block; padding: 0 2px;">m</div> <div style="border: 1px solid black; display: inline-block; padding: 0 2px;">m</div> / <div style="border: 1px solid black; display: inline-block; padding: 0 2px;">y</div> <div style="border: 1px solid black; display: inline-block; padding: 0 2px;">y</div> <div style="border: 1px solid black; display: inline-block; padding: 0 2px;">y</div> <div style="border: 1px solid black; display: inline-block; padding: 0 2px;">y</div>	2nd Nominee <div style="border: 1px solid black; display: inline-block; padding: 0 2px;">d</div> <div style="border: 1px solid black; display: inline-block; padding: 0 2px;">d</div> / <div style="border: 1px solid black; display: inline-block; padding: 0 2px;">m</div> <div style="border: 1px solid black; display: inline-block; padding: 0 2px;">m</div> / <div style="border: 1px solid black; display: inline-block; padding: 0 2px;">y</div> <div style="border: 1px solid black; display: inline-block; padding: 0 2px;">y</div> <div style="border: 1px solid black; display: inline-block; padding: 0 2px;">y</div> <div style="border: 1px solid black; display: inline-block; padding: 0 2px;">y</div>	3rd Nominee <div style="border: 1px solid black; display: inline-block; padding: 0 2px;">d</div> <div style="border: 1px solid black; display: inline-block; padding: 0 2px;">d</div> / <div style="border: 1px solid black; display: inline-block; padding: 0 2px;">m</div> <div style="border: 1px solid black; display: inline-block; padding: 0 2px;">m</div> / <div style="border: 1px solid black; display: inline-block; padding: 0 2px;">y</div> <div style="border: 1px solid black; display: inline-block; padding: 0 2px;">y</div> <div style="border: 1px solid black; display: inline-block; padding: 0 2px;">y</div> <div style="border: 1px solid black; display: inline-block; padding: 0 2px;">y</div>
---	---	---

4. Relationship with the Nominee:

1st Nominee	2nd Nominee	3rd Nominee
<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>

5. Percentage Share:

1st Nominee <div style="border: 1px solid black; display: inline-block; width: 20px; height: 1.2em; vertical-align: middle;"></div> %	2nd Nominee <div style="border: 1px solid black; display: inline-block; width: 20px; height: 1.2em; vertical-align: middle;"></div> %	3rd Nominee <div style="border: 1px solid black; display: inline-block; width: 20px; height: 1.2em; vertical-align: middle;"></div> %
---	---	---

6. Nominee's Guardian Details (Only in case of a minor):

1st Nominee's Guardian Details	2nd Nominee's Guardian Details	3rd Nominee's Guardian Details
First Name <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	First Name <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	First Name <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>
Middle Name <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	Middle Name <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	Middle Name <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>
Last Name <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	Last Name <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	Last Name <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>

Dated this _____ day of _____ 20 ____ at _____

Signature/ Thumb Impression* of the Subscriber

*Note: Left thumb impression in case of illiterate male Subscriber and Right thumb impression in case of illiterate female subscriber must be obtained.



TO BE FILLED/ATTESTED BY POP-SP/DDO/NL-CC

Certified that the above declaration and nomination details has been signed / thumb impressed before me by Sh/Smt/Ms. _____
_____ after he / she have read the entries / entries have been read over to him / her by me and got confirmed by him / her.

Rubber Stamp of the POP-SP/DDO/NL-CC

Signature of the Authorised Person

POP-SP/DDO/NL-CC Registration Number _____
(Allotted by CRA)

Designation of the Authorised Person : _____

POP-SP/DDO/NL-CC Office Name : _____

Date

d	d	/	m	m	/	y	y	y	y
---	---	---	---	---	---	---	---	---	---

TO BE FILLED/ATTESTED BY POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO

Rubber Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO

POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO Registration Number
(Allotted by CRA): _____

Signature of the Authorised Person

INSTRUCTIONS FOR FILLING THE FORM

General Guidelines

- (a) This form is to be used for the purpose of change/correction in Subscriber master details, reissue of I-Pin /T-Pin, reissue of PRAN card.
- (b) The form is to be submitted at the Nodal Office POP/POP-SP for carrying out the necessary changes.
- (c) Please tick the box on the left margin of appropriate row where change/correction is required and provide the details in the corresponding row. Please strike off the remaining blank rows for which no change is requested.
- (d) Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.
- (e) Details Marked with (*) are the mandatory fields. Mention 12 digits PRAN correctly.
- (f) All Dates should be in "DD/MM/YYYY" Format.
- (g) Reissue of T-PIN, I-PIN (Not Applicable for NPS-Lite Subscriber) and reissue of PRAN card will be chargeable to Subscriber/employer by CRA.

S. No	Item No.	Item Details	Instructions																																																																
1	1	Spouse Name	If married, spouse name is mandatory.																																																																
2	2, 3 & 4	Identity, Correspondence & Permanent address details	<table border="1"> <thead> <tr> <th>S.No</th> <th>Proof of Identity (Copy of any one)</th> <th>S.No</th> <th>Proof of Address (Copy of any one)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Passport issued by Government of India.</td> <td>1</td> <td>Passport issued by Government of India</td> </tr> <tr> <td>2</td> <td>Ration card with photograph.</td> <td>2</td> <td>Ration card with photograph and residential address</td> </tr> <tr> <td>3</td> <td>Bank Pass book or certificate with Photograph.</td> <td>3</td> <td>Bank Pass book or certificate with photograph and residential address</td> </tr> <tr> <td>4</td> <td>Certificate of the POP for an existing customer.</td> <td>4</td> <td>Certificate of the POP for an existing customer.</td> </tr> <tr> <td>5</td> <td>Voters Identity card with photograph and residential address.</td> <td>5</td> <td>Voters Identity card with photograph and residential address</td> </tr> <tr> <td>6</td> <td>Valid Driving license with photograph</td> <td>6</td> <td>Valid Driving license with photograph and residential address</td> </tr> <tr> <td>7</td> <td>Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly</td> <td>7</td> <td>Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.</td> </tr> <tr> <td>8</td> <td>PAN Card issued by Income tax department</td> <td>8</td> <td>Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly</td> </tr> <tr> <td>9</td> <td>Aadhar Card / letter issued by Unique Identification Authority of India</td> <td>9</td> <td>Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address</td> </tr> <tr> <td>10</td> <td>Job cards issued by NREGA duly signed by an officer of the State Government</td> <td>10</td> <td>Job cards issued by NREGA duly signed by an officer of the State Government</td> </tr> <tr> <td>11</td> <td>Identity card issued by Central/State government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial Institutions, Colleges affiliated to universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.</td> <td>11</td> <td>The identity card/document with address or letter of allotment of accommodation issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and listed companies for their employees. Pension or Family Pension Payment Orders issued by Govt. Departments or PSU containing address.</td> </tr> <tr> <td>12</td> <td>Photo. Identity Card issued by Defence, Paramilitary and Police department's</td> <td>12</td> <td>Latest Electricity/water/piped gas bill in the name of the Subscriber / Claimant and showing the address (less than 2 months old)</td> </tr> <tr> <td>13</td> <td>Ex-Service Man Card issued by Ministry of Defence to their employees.</td> <td>13</td> <td>Latest Telephone bill (landline & postpaid mobile) in the name of the Subscriber / Claimant and showing the address (less than 2 months old)</td> </tr> <tr> <td>14</td> <td>Photo Credit card.</td> <td>14</td> <td>Latest Property/house Tax receipt (not more than one year old)</td> </tr> <tr> <td></td> <td></td> <td>15</td> <td>Existing valid registered lease agreement of the house on stamp paper (in case of rented/leased accommodation)</td> </tr> </tbody> </table>	S.No	Proof of Identity (Copy of any one)	S.No	Proof of Address (Copy of any one)	1	Passport issued by Government of India.	1	Passport issued by Government of India	2	Ration card with photograph.	2	Ration card with photograph and residential address	3	Bank Pass book or certificate with Photograph.	3	Bank Pass book or certificate with photograph and residential address	4	Certificate of the POP for an existing customer.	4	Certificate of the POP for an existing customer.	5	Voters Identity card with photograph and residential address.	5	Voters Identity card with photograph and residential address	6	Valid Driving license with photograph	6	Valid Driving license with photograph and residential address	7	Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly	7	Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.	8	PAN Card issued by Income tax department	8	Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly	9	Aadhar Card / letter issued by Unique Identification Authority of India	9	Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address	10	Job cards issued by NREGA duly signed by an officer of the State Government	10	Job cards issued by NREGA duly signed by an officer of the State Government	11	Identity card issued by Central/State government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial Institutions, Colleges affiliated to universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.	11	The identity card/document with address or letter of allotment of accommodation issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and listed companies for their employees. Pension or Family Pension Payment Orders issued by Govt. Departments or PSU containing address.	12	Photo. Identity Card issued by Defence, Paramilitary and Police department's	12	Latest Electricity/water/piped gas bill in the name of the Subscriber / Claimant and showing the address (less than 2 months old)	13	Ex-Service Man Card issued by Ministry of Defence to their employees.	13	Latest Telephone bill (landline & postpaid mobile) in the name of the Subscriber / Claimant and showing the address (less than 2 months old)	14	Photo Credit card.	14	Latest Property/house Tax receipt (not more than one year old)			15	Existing valid registered lease agreement of the house on stamp paper (in case of rented/leased accommodation)
S.No	Proof of Identity (Copy of any one)	S.No	Proof of Address (Copy of any one)																																																																
1	Passport issued by Government of India.	1	Passport issued by Government of India																																																																
2	Ration card with photograph.	2	Ration card with photograph and residential address																																																																
3	Bank Pass book or certificate with Photograph.	3	Bank Pass book or certificate with photograph and residential address																																																																
4	Certificate of the POP for an existing customer.	4	Certificate of the POP for an existing customer.																																																																
5	Voters Identity card with photograph and residential address.	5	Voters Identity card with photograph and residential address																																																																
6	Valid Driving license with photograph	6	Valid Driving license with photograph and residential address																																																																
7	Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly	7	Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.																																																																
8	PAN Card issued by Income tax department	8	Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly																																																																
9	Aadhar Card / letter issued by Unique Identification Authority of India	9	Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address																																																																
10	Job cards issued by NREGA duly signed by an officer of the State Government	10	Job cards issued by NREGA duly signed by an officer of the State Government																																																																
11	Identity card issued by Central/State government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial Institutions, Colleges affiliated to universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.	11	The identity card/document with address or letter of allotment of accommodation issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and listed companies for their employees. Pension or Family Pension Payment Orders issued by Govt. Departments or PSU containing address.																																																																
12	Photo. Identity Card issued by Defence, Paramilitary and Police department's	12	Latest Electricity/water/piped gas bill in the name of the Subscriber / Claimant and showing the address (less than 2 months old)																																																																
13	Ex-Service Man Card issued by Ministry of Defence to their employees.	13	Latest Telephone bill (landline & postpaid mobile) in the name of the Subscriber / Claimant and showing the address (less than 2 months old)																																																																
14	Photo Credit card.	14	Latest Property/house Tax receipt (not more than one year old)																																																																
		15	Existing valid registered lease agreement of the house on stamp paper (in case of rented/leased accommodation)																																																																
Note:																																																																			
(i) If the address on the document submitted for identity proof by the prospective customer is same as that declared by him/her in the account opening form, the document may be accepted as a valid proof of both identity and address.																																																																			
(ii) If the address indicated on the document submitted for identity proof differs from the current address mentioned in the account opening form, a separate proof of address should be obtained. All future communications will be sent to correspondence address. If correspondence & Permanent address are different, then proof for both have to be submitted.																																																																			
3	6	Politically Exposed Person	Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for example heads of state or of the government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials.																																																																
4	7	Subscriber's Bank Details	In case, subscriber provides bank details, it should be supported by a documentary proof. Please attach a cancelled cheque containing Subscriber Name, Bank Name, Bank Account Number and IFS Code. If cheque is not available or cheque is not preprinted with Subscriber name, a copy of bank passbook or bank statement or bank certificate or letter from Bank mentioning Subscriber Name, Bank Name, Bank Account No. and IFS Code should be submitted.																																																																
5	8	Subscriber's Nomination Details	In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s). Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected.																																																																

General Information for Subscribers

- a) The Subscriber can obtain the status of his/her application from their designated Nodal Officer/employer.
- b) Subscribers are advised to retain the acknowledgement slip signed/ stamped by the Nodal Officer / POP / POP-SP where they submit the application.
- c) For more information, contact CRA:

Website: <https://www.npsdra.nsdl.co.in>
 Call: 022-4090 4242
 Address: Central Recordkeeping Agency (CRA)
 Protean eGov Technologies Limited (formerly NSDL e-Governance Infrastructure Limited)
 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg,
 Lower Parel (W), Mumbai - 400013

APPLICATION FOR ADVANCE

DETAILS OF AGENCY :

Name of the agent :

Code No. :

Branch :

Date of Appointment :

Date of Confirmation:

Direct/Allotted under Development Officer:

License No. :

Expiring on:

Address:

E-mail:

Telephone:

Mobile:

Whether member of any Club :

Member from:

Whether handicapped :

Nature of handicap:

Nature of Present Conveyance supplied on:

Date of vehicle loan/advance :

Permanent Driving Licence No. :

Date of expiry:

Training Details:

BUSINESS AND COMMISSION EARNED FOR THE LAST 5 YEARS

F.Y.	POL.	S.A.(Rs)	F.P.I. (Rs)	F.C. (Rs)	B.C. (Rs.)	R.C. (Rs.)

PRESENT MONTHLY RECOVERIES FROM MY COMMISSION

S.No	Amount	Repayment of	
		Nature of Advance	Date of advance
Total			

NAME OF ADVANCES APPLIED FOR**I. IN CASE OF VEHICLE ADVANCE:**

Advance required for- Motor Car/Motor Cycle/Scooter

Make and Model- New /Second Hand

Price (Excluding accessories)

Proforma Invoice (enclosed) from . . .

If Second hand car

i. Date of purchase

ii. Estimated Value

iii. Whether insurance premium and Road Tax paid up to date

II. IN CASE OF ADVANCE FOR OFFICE EQUIPMENT / TELEPHONE INSTALATION

Advance required for purchase of

Amount required

Proforma Invoice (enclosed) from

Allotment advice (enclosed) from the No. date

Telephone Dept.

III. IN CASE OF ADVANCE FOR PC

Details of Configuration

Amount of Advance required

Name of the dealer

Estimate / Bill from the dealer

Date and amount of previous advance

whether repaid in full

IV. IN CASE OF ADVANCE FOR MISCELLANEOUS PURPOSE

a) FOR MEDICAL TREATMENT OF

Name

Relationship

Nature of illness

Name of Doctor

Period of treatment

Name of Hospital from-----

Amount incurred to-----

Bills enclosed No.

b) FOR THREAD CEREMONY / TURBAN CEREMONY/NAVJOTE/SUNNATH

Date of ceremony

Name of the person& relationship

Estimate & expenses

Proof of performance- enclosed

c) FOR MARRIAGE OF

Date of marriage

name of the person & relationship

Estimated expenses

Advance availed for I/II/III time

Repayment- No. of installments

d) FOR REPAIR TO MOTOR CAR / MOTOR CYCLE

Date of purchase

Amount of advance required

Details of repair

Estimate from garage enclosed

e) ADVANCE FOR PURCHASE OF PLOT / FLAT/HOUSE

Details of the Plot/Flat/House to be purchased, etc-----
(Like location, area, size, age, estimate)

Purchase price: -----

f) FLOOD/CYCLONE/DROUGHT ADVANCE

Details of loss

Amount of advance repaid

Whether the area is flood/cyclone affected as declared by the local Govt. (notification copy may be attached)

g) FESTIVAL ADVANCE

Name of advance

Amount of advance required

Details of availing previous advance

Whether advance repaid in full

Whether bank guarantee is given /Surety given

Name of the surety

date of appointment-

Signature of the person agreeing to stand as surety

h) ADVANCE FOR TRAINING

Name of Institute

Duration of training from -----to-----

Amount of advance required Rs. -----

I hereby declare that none of my "members of the family" (as defined in the C.O.Cir.Ref:Mktg./A/ZD/29/009 dated 22.10.2009 has taken agency with any other Insurer.

I hereby declare that all the facts given above are true and correct to the best of my knowledge.

I am fully aware of the rules of the scheme of Advances to Agents and abide by the Rules and various provisions given in the scheme of Advances to Agents.

I undertake to repay the advance outstanding with penal interest if the advance is not used for the specific purpose for which it is availed or if I fail to produce the necessary receipt, vouchers or proof within time schedule.

I also undertake to execute necessary agreements; bonds and the advances are to be released on execution of the same.

I agree to repay in full /repay with interest/ repay at the enhanced rate of interest or the rate of interest demanded from time to time in the event of my becoming non-eligible for the advance on cessation of Club Membership or for any other reason.

Encl- as above

Signature of the Agent

Date-

Ag. Code No.

FOR OFFICE USE ONLY

1. Nature of Loan/Advance applied for

(a)

b) Whether for I/II/III/.... time for the above purpose

2. Previous advance if any

Date	amount	whether repaid in full
------	--------	------------------------

3. Whether eligible as per scheme of Loan & Advance to agents

4. Renewal commission earned during the last 2 years / 1 year

5. Quantum of advance eligible and rate of interest to be charged

6. Amount of recovery including recovery for the present advance and whether it is well within 60% average monthly renewal commission of last year

7. Whether necessary estimate / proforma invoice/ bill/proof of performance submitted (for PC, purchase of plot etc. more documents are to be submitted)

8. Any action under Agents Rules, 1972 pending

9. Training Details are verified and found ok.

10. Recommendations of the Sr./BM
(in case the advance is to be sanctioned by DO)

Prepared by

Checked by

Amount sanctioned

Signature

Designation

Annexure - I

DECLARATION FOR PAYMENT OF ADVANCES/OFFICE ALLOWANCE

I _____

Agency code no : _____

Name of Club to which belongs: _____

DO Code/CLIA Code/ Direct : _____

Branch : _____

Division : _____

hereby declare that none of my family members directly or indirectly solicits or procures or promotes Life Insurance business in any capacity for any other Person or Company or Organization, which includes Broker or Intermediary or a Life Insurance company.

I hereby declare that the information given above is true to the best of my knowledge. I undertake that I shall abide by the Rules of the corporation.

Address: _____

Mobile No:

Date:

Place:

Signature of the Agent

Life Insurance Corporation of India
Division_____, Branch_____

**Application Form for Education Advance & Authorization for Recovery of Outstanding Advance
from Dues Payable**

Name of Agent : _____

Agency Code No: _____

Dev Officer/CLIA Code No: _____

Date of Appointment : _____

Present Club Membership & Year of Entry : _____

Amount of Advance required : _____
(As per Fee structure of Educational Institution)

Date of Payment : _____

Details of Advance :

Sr. No.	Name of child for whom advance required	Name, Address & Contact No of Educational Institution	Name of Course to be pursued	Details of last exam passed
1				
2				

List of Documents submitted:

Details of Payee for NEFT & PAN No :

Whether availed Education advance in past, if Yes, full details as below:

Sr. No.	Name of child for whom advance required	Name, Address & Contact No of Educational Institution	Amount of advance availed earlier	Date of advance availed
1				
2				

Details of living Child/Children :

Sr. No.	Name of Child	Age	Standard in which Studying

Present monthly recoveries from Commission for advances availed:-

Sr. No.	Name of Advance	Amount of Advance	Date of Advance	O/S Amount

I hereby declare that the Educational Institution stated above is recognized by UGC/AICTE/IMC/AIBMS/ICMR/Bar Council of India/Govt./_____ and/or the Course is approved by the _____ State / Central Govt. or DGC Aviation / Shipping. I also declare that the information given above is true and correct to the best of my knowledge and the advance applied for is not for the study course through Correspondence and/or Distance Learning. I am aware that if any information provided above is found to be false, I shall be liable for disciplinary action under Agents Regulations, 2017 as amended from time to time.

I am fully aware of the rules regarding Scheme of Advances to Agents and shall abide by the Rules and various provisions given in the scheme of Advances to Agents.

I undertake to execute all the necessary formalities required for releasing the advance and agree to repay the advance fully in the given repayment time period.

I authorize LIC of India to deduct the amount of outstanding advance and interest thereon from all moneys payable to me or my legal heirs, such as Renewal Commission, Hereditary Commission, Gratuity, Group Insurance (if any) etc., in case of my Termination / Resignation or Exit due to any other reason.

This authorization shall not be revoked by me until the advance sanctioned to me is completely wiped off by repayment.

Mobile No. of Agent:

Email ID of Agent :

(Signature of Agent)

Certified that the information provided by the Agent as above has been verified with the relevant records and found to be correct.

Date:

Place:

(Signature & Stamp of Branch In-Charge)





Life Insurance Corporation of India
Amravati Division Pusad BO 99A

Agent's Festival Advance Form

1. Name of the Agent: _____
2. Agent Code: _____ 3. Date of Appointment: _____
4. Club Membership: _____ 5. Dev. Officer Code: _____
6. Name of Festival: _____ 7. Advance Required: _____
8. Business Exempted: **YES/ NO** 9. Mobile no. : _____

I hereby authorize to deduct the advance in ten equal monthly installments from my commission.

Declaration for Payment of Advance

hereby declare that neither me nor any of my family members directly or indirectly solicit or procure or promote Life Insurance business in any capacity for any other person or company or organization, which includes broker or intermediary or a Life Insurance company.
I hereby declare that the information given above is true to the best of my knowledge. I undertake that I shall abide by the Rules of the corporation.

Date: _____

Revenue
ticket

Agent's Signature

FOR OFFICE USE ONLY

1. Last Two (MAB)
Agency year business 1) Lives _____ 2) FYPI _____
1) Lives _____ 2) FYPI _____
2. Previous Year Renewal: _____ 3. Agency year completed _____
4. Current agency year business: **ACTIVE / INACTIVE** Lives: _____ FYPI _____
5. Previous festival advance outstanding **YES/ NO** 6. Advance Sanction _____

SR. BRANCH MANAGER



Surety Form for Festival Advance (For Agents)

I, Shri/Smt. _____
(Name of Agent), working as an LIC Agent under Code No. _____ at Branch **99A**, hereby
apply for the grant of Festival Advance of Rs. _____ (Rupees
_____ only).

I agree to repay the said amount in **10** monthly installments of Rs. _____ each, starting from
the month of _____, as per the rules of the Corporation.

Surety Declaration

I, Shri/Smt. _____
(Name of Surety), Development Officer under Code No. _____ at Branch **99A**, hereby
stand as surety for the above-named Agent. In the event of default by the borrower in repaying the
advance, I undertake to pay the outstanding balance from my Salary/dues without any objection, and
the same may be recovered by the Corporation from my payable amounts.

Details of Borrower (Agent):

Name of the Agent	
Agent Code No.	
Festival Advance Amount (Rs.)	

Details of Surety (Development Officer):

Name of the Development Officer	
D.O. Code No.	

- Borrower (Agent) Signature: _____ Date: _____
- Surety (Development Officer) Signature: _____ Date: _____
- Branch Manager/Officer Seal & Signature: _____



LIFE INSURANCE CORPORATION OF INDIA

AMRAVATI DIVISION PUSAD BO 99A

APPLICATION FOR MARRIAGE ADVANCE

Name of the Agent: _____

Agency Code: _____ Date of Appointment: _____

Club Membership: _____ Mobile No.: _____

Training Details: STC/ZTC from _____ to _____

Application for Marriage of _____

Date of Marriage: _____ Relationship: _____

Advance Amount: _____ Name of the Groom/Bride: _____

Advance Availed for the I/II/III time: _____

Present Monthly Recoveries from my Commission

Sr. No.	Repayment of Nature of Advance /Date of Advance	Amount /-
1.	_____	
2.	_____	
Total-		

Business and Commission earned for the last 5 years

<u>F.Y.</u>	<u>POL</u>	<u>S.A</u>	<u>F.P.I</u>	<u>F.C</u>	<u>B.C</u>	<u>R.C</u>
<u>2021-22</u>						
<u>2022-23</u>						
<u>2023-24</u>						
<u>2024-25</u>						
<u>2025-26</u>						

I hereby declare that none of my —members of the family|| (as defined in the C.O.Cir.Ref:Mktg./A/ZD/29/009 dated 22.10.2009 has taken agency with any other Insurer.

I hereby declare that all the facts given above are true and correct to the best of my knowledge.

I am fully aware of the rules of the scheme of Advances to Agents and abide by the Rules and various provisions given in the scheme of Advances to Agents.

I undertake to repay the advance outstanding with penal interest if the advance is not used for the specific purpose for which it is availed or if I fail to produce the necessary receipt, vouchers or proof within time schedule.

I also undertake to execute necessary agreements; bonds and the advances are to be released on execution of the same.

I agree to repay in full /repay with interest/ repay at the enhanced rate of interest or the rate of interest demanded from time to time in the event of my becoming non-eligible for the advance on cessation of Club Membership or for any other reason.

Encl- as above

Date: _____

Signature of the Agent

FOR OFFICE USE ONLY

1. Nature of Loan/Advance applied for

(a) - **Marriage Advance**

b) Whether for I/II/III/.... time for the above purpose: _____

2. Previous advance if any Date amount whether repaid in full: _____

3. Whether eligible as per scheme of Loan & Advance to agents: **Yes /No**

4. Renewal commission earned during the last 2 years / 1 year: _____

5. Quantum of advance eligible and rate of interest to be charged: _____%

6. Amount of recovery including recovery for the present advance and whether it is well within 60% average monthly renewal commission of last year: _____

7. Whether necessary estimate / proforma invoice/ bill/proof of performance submitted: **Yes/No**

8. Any action under Agents Rules, 1972 pending: **Yes/No**

9. Training Details are verified and found ok. **Yes/No**

10. Recommendations of the Sr. /Branch Manager

Prepared by

Asst. Branch Manager

Branch Manager

Annexure - I

DECLARATION FOR PAYMENT OF ADVANCES

I _____

Agency code no: _____

Name of Club to which belongs: _____

DO Code/CLIA Code/ Direct: _____

Hereby declare that none of my family members directly or indirectly solicits or procures or promotes Life Insurance business in any capacity for any other Person or Company or Organization, which includes Broker or Intermediary or a Life Insurance company. I hereby declare that the information given above is true to the best of my knowledge. I undertake that I shall abide by the Rules of the corporation.

Address:

Date: _____

Amravati Division

Pusad BO 99A

Signature of the Agent





LIFE INSURANCE CORPORATION OF INDIA

PUSAD BO 99A

Attendance Certificate

To whom so it may concern I the undersigned _____

Designation - Sr. Branch Manager/ Assistant Branch Manager was present in the Marriage

Of KU/MR. _____ Daughter/Sister/Brother/Son of _____

Agency Code No. _____ on Dated _____ at _____.

Name and Desg. Of the officer.

Signature of the Officer. _____

Stamp:



For the use of Divisional Office

1. Name of Agent : _____
2. Date of Appointment : _____
3. Amount of Advance applied for : _____
4. Is this application of advance for First/Second/Both Children (Tick ✓ as per choice) :

Sr. No.	Name of Child	Advance availed earlier (Rs.)	Date(s) of advance already availed	Maximum eligible amount of advance as per 7(i)
1				
2				

5. Whether Spouse of Agent is also having agency with LIC of India : YES/NO
6. If answer to Q.No. 5 is Yes, then whether he/ she has Applied/Availed Education advance. If so, Details thereof:

Sr. No.	Name of child for whom advance availed	Name, Address & Contact No. of Educational Institution	Amount of advance availed earlier	Date of advance availed
1				
2				

7. Whether earlier Education Advance, if any recovered fully. If Yes, month of recovery of last installment : _____
8. If reply to Q. No. 7 is NO, then details of Outstanding Advance:
For 1st Child : _____
For 2nd Child : _____
9. Amount of Advance eligible as per 7(ii) of CO Circular Ref : _____
10. Whether any Disciplinary action Pending / Contemplated or any Vigilance case is pending : YES / NO
11. Whether at present under Suspension : YES / NO
12. Whether Payee's (Educational Institution) NEFT details & PAN No. submitted : YES / NO
13. Recovery to start from the commission for the month of _____ @ _____
Rs. _____ per month till _____.

Sanctioned By

(Stamp & Signature of Sanctioning Authority)



FORM OF HYPOTHECATION DEED (AGENTS)

This AGREEMENT made atthisday of19.....between THE LIFE INSURANCE CORPORATION OF INDIA, a Corporation established by the Life Insurance Corporation Act, 1956 and having its Central Office at Bombay and Zonal / Divisional / Branch Office at(hereinafter called "the Corporation" which expression shall unless repugnant to the context or meaning thereof be deemed to include its successors and assigns) of the one part and Shri. / Smt./ Kum.son/ wife / daughter ofresiding at (hereinafter called "the Agent" which expression shall include his / her heirs, executors, administrators and assigns wherever the context or meaning shall so require or permit) an agent appointed by the Corporation in respect of Life Insurance business of the other part;

WHEREAS

1. The Agent is appointed under the LIC of India (Agents) Rules, 1972 attached to theBranch of the Corporation at and requires a Motor Car / Scooter / Motor Cycle / Moped for the proper discharge of his / her duties and to secure the maximum amount of Life Insurance Business from the territory under his / her charge and to perform the other functions required of him / her as such agent.

2. In consideration of the Agent agreeing to use the Motor Car / Scooter / Motor Cycle / Moped solely for the purpose of the business of the Corporation on the terms and conditions hereinafter contained, the Corporation had agreed and advanced to the Agent a sum of Rs.(Rupees) only towards the purchase price of the Motor Car / Scooter / Motor Cycle / Moped, through and by way of a Hire Purchase Agreement executed on and out of the said advance the Agent has repaid to the Corporation a total sum of Rs. (Rupees) only on various dated, the outstanding advance on his /her account being Rs. (Rupees) only as on date, it is now hereby agreed and declared that the said outstanding advance of Rs. (Rupees) only shall be secured by hypothecation of the said Motor Car / Scooter / Motor Cycle / Moped as hereinafter provided in substitution of the said Hire Purchase Agreement dated

Now it is hereby agreed by and between the parties hereto as follows—

1. The said loan of Rs.(Rupees) only shall be debited to an account to be called "the Motor Car / Scooter / Motor Cycle / Moped loan account" to be opened in the name of the Agent with the Corporation and the Agent shall pay to the Corporation every month on or before the day of each month a sum of Rs. (Rupees) only which shall be credited in the said Motor Car / Scooter / Motor Cycle / Moped Loan Account. In default the Corporation shall be entitled to deduct the amount of each monthly installment from commission of any type or any other sum due and payable to the said Agent and credit such amount in the said Motor Car / Scooter / Motor Cycle / Moped Loan Account.

2. As security for the repayment by the Agent to the Corporation of the moneys due under the said Motor Car / Scooter / Motor Cycle / Moped Loan Account the Agent doth hereby hypothecate by way of First Charge the said Motor Car / Scooter / Motor Cycle / Moped which shall be held as the exclusive property of the Corporation specifically appropriated to this security.

3. The Agent further declares that the Corporation having advanced a sum of Rs.(Rupees) only to him, the Agent hypothecate to and in favour of the Corporation its Motor Car / Scooter / Motor Cycle / Moped of the value of Rs.(Rupees) only (particulars whereof are set out in the Schedule hereto) belonging to Agent and wherever situate or lying and / or in transit (which is hereinafter, for brevity's sake, referred to as Hypothecated Goods) to the intent that the security and charge hereby created shall be a security by way of first charge on the hypothecated goods.

4. The Agent further declares that he / she has absolute right to hypothecate the said Motor Car / Scooter / Motor Cycle / Moped and that this hypothecation is the first and only charge thereon and that Agent shall not, except with the consent in writing of the Corporation, make or attempt or purport to make any sale or transfer or disposition of any kind of the same or any part thereof or part in possession thereof and shall not create or attempt or purport to create any mortgage charge, lien or any encumbrances whatsoever over the said Motor Car / Scooter / Motor Cycle / Moped or any part thereof or do anything which would prejudice the security .

5. The said Motor Car / Scooter / Motor Cycle / Moped shall be insured by the Agent with one of the subsidiary companies of General Insurance Corporation of India, approved by the Corporation or its authorized officer against the usual risk and the Agent undertakes and agrees to so insure the said Motor Car / Scooter /Motor Cycle / Moped in the names of the Corporation and Agent and to deliver the policy of insurance to the Corporation and to pay premium due to respect of such policy duly and punctually and not allow such policy to lapse and in default the Corporation shall have the right but not the obligation to pay such premiums and debit the same to the Motor Car / Scooter / Motor Cycle / Moped Account. All monies received under any such insurance mentioned in this clause shall be deposited with and retained and held by the Corporation as its exclusive property specifically appropriated to this security and shall be appropriated towards all moneys due and payable to the company under the terms of this agreement.

6. So long as any moneys remain in due under the said Motor Car / Scooter / Motor Cycle / Moped Loan Account the Agent shall –

(a) Punctually pay the said sum of Rs. (Rupees.....) only each month to the credit of the said Motor Car / Scooter / Motor Cycle / Moped Loan Account on or before the day of each month unless such installment or balance of the loan amount shall have been deducted by the Corporation from the commission of any type or any other sum due and payable to him and credited in the said Motor Car / Scooter /Motor Cycle / Moped Loan Account.

(b) Bear and pay all the expenses of keeping the said Motor Car / Scooter / Motor Cycle / Moped in good order and condition and do or cause to be done all necessary servicing, repairs to keep the said Motor Car /Scooter / Motor Cycle / Moped in good order and condition to the satisfaction of the Corporation. For this purpose the Agent shall permit the Corporation, its agents, servants and representatives from time to time and at all times to view, inspect and value the Motor Car / Scooter / Motor Cycle / Moped and take inventories thereof and shall render to the Corporation and to its agents, servants and representatives all such facilities as may be required for any of the purpose aforesaid.

(c) Provide a safe garage or parking place for the said Motor Car / Scooter /Motor Cycle / Moped.

(d) Use the said Motor Car/ Scooter/Motor-cycle/Moped solely for the business of the Corporation and bear and pay all petrol, oil and other charges for the upkeep of the said Motor Car/ Scooter/Motorcycle/Moped.

(e) Pay all fines that may be imposed or levied for driving or using the Motor Car/ Scooter/Motor-cycle/Moped in contravention of the law or police regulation.

(f) Allow the Corporation's representative at all reasonable time to inspect the said Motor Car/ Scooter/Motor-cycle/Moped and view the state and condition thereof.

(g) Shall not sell, pledge, mortgage or part with possession of the said Motor Car/ Scooter/Motor-cycle/Moped or otherwise deal with the same.

7. In the event of the Agent (a) failing to pay on demand any of the aforesaid installments or (b) failing to observe any of the terms and conditions hereof , or (c) ceasing to be working as the Agent for any reason or (d) dying whilst the agency continues with the Corporation or if in the opinion of the Corporation the circumstances shall become such as would endanger or would be likely to endanger the security herein, the Corporation shall become entitled to the exclusive possession of the said Motor Car/ Scooter/Motor-cycle/Moped and the Agent undertakes to hand over possession of the said Motor Car/ Scooter/Motorcycle/ Moped to the Corporation and also undertakes that his / her successors, heirs and legal representatives shall deliver the said Motor Car/ Scooter/Motorcycle/Moped to the Corporation on demand and in default of the Agent or his successors, heirs or representatives not giving delivery of the said Motor Car/ Scooter/Motor-cycle/Moped to the Corporation within a week of such notice, it shall be lawful for the Corporation to enter upon any garage, premises where the said Motor Car/ Scooter/Motor-cycle/Moped may be lying for the time being and to take possession of the same and to sell or otherwise dispose of the same by any public auction or private contract and to apply the net proceeds of such a sale in liquidation of the moneys due by the Agent under the said Motor Car/Scooter/Motor-cycle/Moped Loan Account, provided that in the case of death of the Agent, his heirs or legal representatives shall be entitled within a period of one month from the date of the death to pay the balance due to the Corporation under said Motor Car/ Scooter/Motor-cycle/Moped Loan Account and after giving credit for all payments made by the Agent and upon payment of such balance the Corporation shall transfer the said Motor Car/ Scooter/Motor-cycle/Moped to the name of such representative. Provided further that if the net sale proceeds of the said Motor Car/ Scooter/Motor-cycle/Moped shall not be sufficient to satisfy the amount due under the said Motor Car/ Scooter/Motor-cycle/Moped Loan Account the Corporation shall be entitled to recover the shortfall from the Commission / Gratuity or any other sum due and payable to the Agent.

8. The Agent hereby agrees to pay on demand all charges and expenses that may be incurred or suffered by the Corporation in the execution of or carrying into effect or enforcing of this hypothecation or in relation to the exercise of the power of sale or any other power herein contained together with interest thereon at the rate of per annum.

9. The Agreement and the security by way of hypothecation created as aforesaid shall operate as a continuing security for the moneys due from time to time by the Agent to the Corporation under the said Motor Car/ Scooter/Motor-cycle/Moped Loan Account.

10. Any notice given by the Corporation shall be deemed to have been duly given if dispatched by post addressed to the last known address of the Agent as registered with the

Corporation and such notice shall be deemed to have been received by the Agent or in case he /she is dead by his heirs or legal representatives on the expiry of the normal period occupied in transit by post from the time when it was put in post.

IN WITNESS WHEREOF this AGREEMENT and HYPOTHECATION has been signed by the Zonal / Sr./Divisional / Sr./ Branch Manager of the Corporation at and by the said the day and the year first hereinabove written.

THE SCHEDULE ABOVE REFERRED TO

1. Registered Number
2. Class of Vehicle
3. Maker's Name
4. Type of Body
5. Year of Manufacture
6. Number of Cylinders
7. Chassis Number
8. Engine Number
9. Horse Power
10. Maker's Classification or if not known, Wheel Base
11. Seating capacity (including Driver of the Vehicle)
12. Unladen Weight

SIGNED SEALED AND DELIVERED on
behalf of the Life Insurance Corporation of
India by Shri
Its Zonal / Sr./Divisional / Sr./Branch Manager
at

SIGNED SEALED AND DELIVERED by the
.....
.....

Important Note- This document is to be executed on the Stamp Paper of appropriate value, as per the concerned State Government Rules.



भारतीय आयुर्विमा महामंडळ
भारतीय जीवन बीमा निगम
Life Insurance Corporation of India

AMRAVATI DIVISION
PUSAD BO 99A

CLAIM NIL CERTIFICATE

This is to certify that Shri. _____

Agent code _____ is _____ Club Member at PUSAD Branch Office.

The total number of Outstanding SB and Maturity Claims under his agency is _____

as at _____ (date).

Sr. Branch Manager
(With name and seal)



Annexure - I

DECLARATION FOR PAYMENT OF ADVANCES/OFFICE ALLOWANCE

I _____

Agency code no : _____

Name of Club to which belongs: _____

DO Code/CLIA Code/ Direct : _____

Branch : _____

Division : _____

hereby declare that none of my family members directly or indirectly solicits or procures or promotes Life Insurance business in any capacity for any other Person or Company or Organization, which includes Broker or Intermediary or a Life Insurance company.

I hereby declare that the information given above is true to the best of my knowledge. I undertake that I shall abide by the Rules of the corporation.

Address: _____

Mobile No:

Date:

Place:

Signature of the Agent

FORMAT OF APPLICATION FOR CHIEF LIFE INSURANCE ADVISOR

Affix your recent
Passport size
Photograph here

1. Name in full (In English : Capital letters, Surname first)

[illegible]

2. Male/Female 2A. Mother tongue _____

3. Mailing address (do not repeat name)

[illegible]

Telephone No. with STD Code Office _____

Res. _____

Mob. _____

E-mail id _____

4. Category :

Agent	FSE	Retired LIC employee

5. Date of Birth _____ Age in completed years as on 1.4.08 _____ yrs

6. Educational Qualification :

7. i) **If Agent**

- A) Agency Code No. :
B) DO Code :
C) Date of appointment :
D) Branch Code :
E) Business Performance(LAST 3 YEARS)

Financial Year	N.B. Premium	No. of Policies

F) Club membership : Corporate/CM/ZM/DM

ii) **If FSE**

a) Date of appointment :

iii) **If Retired LIC employee**

Date of retirement	Date of birth	Age as on 1.04.2008	Post held at the time of retirement	Place of last posting in LIC	Agency Code

I hereby declare that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect or not satisfying the prescribed eligibility criteria for CLIA, my candidature is liable to be cancelled/ rejected at any stage of selection.

Place :

Date :

(Signature of the Applicant)

For Branch use:

1.Details given by the applicant verified.

2.Whether any disciplinary action/complaint is pending/initiated:

3. Recommendations.

Signature of Chief/Sr/Branch Manager(with seal)



LIFE INSURANCE CORPORATION OF INDIA

WESTERN ZONE AMRAVATI DIVISION

ANNEXURE "B"

APPLICATION FOR ALLOTMENT OF PREMIUM POINT

NAME OF THE AGENT:	
AGENT CODE:	
CLUB MEMBER:	
MOBILE NO.:	
EMAIL ID:	
ADDRESS WITH PIN CODE:	 PIN CODE. _____
TOTAL NO. OF AGENCY YEAR FOR GALAXY:	
IF DM CONTINEOUS / YEARS:	
COMPUTER/LAPTOP YES/NO (TICK ✓)	YES/NO
PRINTER YES/NO (TICK ✓)	YES/NO
INTERNET YES/NO (TICK ✓)	YES/NO

BRANCH MANAGER

BRANCH MANAGER RECOMMANDATION-

- Kindly submit following requirements for allotment of premium point.

- 1) Application with recommendation of Branch In charge
- 2) Agency Status Report.



From :

Name of agent : _____

Agency Code : _____

Branch : _____

Date : _____

The Branch Manager(I/C),

LIC of India,

Branch _____

Dear Sir ,

Re : Waiver of minimum amount of business

I was appointed on _____ under Dev Officer _____ code _____
/ Direct agent in your branch.

My Date of birth is _____. (copy of age proof enclosed).

Due to following reasons I request you to exempt me from bringing minimum amount of business.

I assure you although I receive this exemption I will still be procuring business.

I am aware that I shall continue to receive Bonus commission on whatever FP and FY commission I may earn after grant of such exemption provided at the time of such exemption I have to my credit 15 Qualifying Agency years.

I am also aware that although as an MBG exempted agent I will not be receiving any credit for Gratuity purpose for such years in which I have not completed MBG for determining the Qualifying year and also for reckoning the total aggregate commission.

Thanking You,

Yours faithfully,

Signature of agent

Name :

Ag code :



From : Sales Dept
Pune D.O.-I

To : Sales Dept
Branch

Ref : Sales/mbg/

Re : Waiver of Minimum amount of Business to be secured by Agent

We have received O/N / memo dated alongwith the various papers /Office Notes in respect of following agent/s.

agency code	agent's name
<input type="text"/>	<input type="text"/>

Before granting him/them the exemption for waiver of minimum business gurantee we require **recommendations by branch In charge.**

The said papers should accompany the follwing papers :

- 1 Request letter from the agent for exemption of mbg.
- 2 Agency year wise earnings of the agent for verifying Renewal premium income.
- 3 Agent's Status Report.
- 4 Recommendations of BM(I/C) require
- 5 Valid age proof for verifying date of birth.
(10th passing certificate which bears Date of Birth, SLC,Passport ,Birth Certificate.
If the valid age proof of female agent is in her maiden name, please also ask the agent to submit any document such as copy of marriage certificate/gazzette/ Pan Card (which bears both the names or atleast the name of her father).

Further, note that any papers sent alongwith your Office Note has to be duly certified by Branch(I/C).

The papers sent by you are returned herewith. Please resubmit alongwith the above requirements.

Encl As above

Manager (Sales)

LIC of India**Branch****OFFICE NOTE**

Ref : Br. /mbg/

Date :

Re : Waiver of Minimum amount of Business to be secured by Agent

As per the sub-regulation 2 of Regulation 9 of the LIC of India(Agents) Regulations,2017"an agent shall be exempt from bringing in the business required of him, if he fulfills such other conditions as may be laid down by the Corporation from time to time ".

As per Board Approved Policy on Agency Matters for F.Y.2022-23 :

An Agent shall be exempted from bringing in the business required of him if he has continuously worked for the Corporation as agent for the period of :

- a) not less than 21 years
OR b) at least 15 yrs and he is at least 55 yrs of age
OR c) 15 yrs & at any time subsequent thereto there is business in force yielding a renewal premium income of not less than Rs.200,000/-p.a.

Such agents are listed below :

Sr.No	Agency Code	Agent's Name	Dt of Appoint	Dt of Birth	Completed		Renewal Premium Income (Rs)	satisfies condition No.
					Age (yrs)	Agency yrs		
1								
2								
3								
4								
5								

As the agent/s satisfies the condition mentioned against their name/s , he/they are eligible for exemption from bringing in the minimum Business required of him/them under the said sub-regulation.

We may forward the Office Note to Divisional Office for approval.

Asstt/HGA/AAO/AO(sales)

Branch(I/C)
(with his seal)

Encl : (1) Agent's letter (2)Ageproof--attested [by BM(I/C)] copy of SSC passing certificate/SLCertificate/Passport
(3) module generated Agency Year earnings.





Life Insurance Corporation of India
Amravati Division Pusad BO 99A

Proforma of Covering Letter to Agent/ Heir for Commutation

To,

Date: ____/____/____

Agent Sir /Madam _____

Address _____

Pin Code _____

Re: Commutation of Renewal Commission under Agent Code No. _____ (Terminated)

In exercise of power vested in me under the Sub. Reg.(4) 19 of Life Insurance Corporation of India (Agent) Regulation 1972, I hereby give you notice that the renewal commission payable to you under Reg. 19 of the agent regulation having fell below Rs. 10,000/- in the financial year **2025-2026**.

All renewal commission payable to you subsequent to the said financial year are hereby commuted for an amount of Rs. _____ only. Which now becomes payable to you in a lump sum.

Please return the enclose Discharge Voucher duly signed to enable us to remit the amount.

Please take note that on payment of the above amount no further commission shall be payable under the agency.

Compulsory Required Documents

- 1) Clear Bank Passbook Copy or Canceled Cheque
- 2) Aadhar Copy
- 3) Pan Copy
- 4) 1 Rs. Revenue stamp

Branch Manager
Pusad BO 99A



Life Insurance Corporation of India
Amravati Division Pusad BO 99A

Proforma for Discharge Voucher for Payment of Commuted Renewal Commission

To,
The Branch Manager
Pusad BO 99A

Date: ____/____/____

Name of the Agent /Heir for Commutation. _____

Address. _____

Pin Code _____

Res Sir,

The Renewal Commission payable to me by the Life Insurance Corporation of India in terms of Reg. 10 of the Life Insurance Corporation of India (Agents) Reg. 1972 in respect of business completed under Agent Code No. _____. Having fallen below Rs. 10,000/- During the financial year 2025-2026. I hereby the acknowledge receipts of the amount of Rs. _____ being the lump sum payment of commuted value of all commissions payable to me in the financial year subsequent to the financial year 2025-2026 in terms of Sub Reg. 1972 in full and final settlement of all Renewal Commission Payable to me.

I hereby also acknowledge that no commission on the business effected through the Agent Code No. _____ will be payable to me in the financial year commencing from 2026-2027.

1 Rs.
Revenue
Stamp With
Signature

LIFE INSURANCE CORPORATION OF INDIA
AMRAVATI DIVISIONAL OFFICE
BRANCH : _____

Sales/CLIA/ Allotment

Date : _____

PROFORMA FOR ALLOTMENT OF AGENT (F.Y. – 2025-26)

1. NAME OF AGENT AND CODE NO. :
2. DATE OF APPOINTMENT OF AGENT :
 - a. IF AGENT IS REINSTATED THEN
DATE OF REINSTATEMENT :
3. NAME OF PREVIOUS CLIA / DO :
 - A. WHETHER DO IS ADO/PO/CDO :
 - B. IF AGENT IS DIRECT :
4. REASON FOR EXIT OF DEV. OFFICER :
5. CLUB MEMBERSHIP / MDRT :
6. BUSINESS OF AGENT FOR LAST 3 FINANCIAL YEARS :

F.Y.	NOP	SA	FPI
2024-25			
2023-24			
2022-23			

7. NAME OF DO / CLIA TO WHOME :
AGENT HAS GIVEN CONSENT
8. CONSENT OF AGENT :
I AGREE TO WORK UNDER THE ORGANISATION OF
MR. / MRS. _____, CLIA Code - _____
9. ANY OTHER INFORMATION WHICH IS :
NOT INCLUDED IN ABOVE FORMAT

PROFORMA FOR CLIA DATA

SN	NAME OF CLIA	CLIA CODE NO	No. of Agents in organisation (FY- 2024- 25)	Recruitment & Activation in last FY 2024-25		Recruited & Activated in the current FY 2025-26		Net Addition as on 31.03.25
				Rec.	Act.	Rec.	Act.	

Signature of Agent

Signature of CLIA

Prepared by

Checked by

RECOMMENDATION

Chief / Sr./Branch Manager
With Branch Stamp



PROFORMA FOR DEVELOPMENT OFFICER's DATA (FOR THE ALLOTMENT OF AGENT)								
The Basic Condition for allotment of Agents to Confirmed Development Officer vide circular ref: CO/Mktg/ZD/FPDO/46/2021 dt 18.10.2021 [Point: 2(1)]								
Name of Development Officer	DO CODE	BRANCH	No. of In force Agents as on 31.03.2022	No. Of agents Recruited during F.Y. 2022-2023	No. Of agents Reinstated during F.Y. 2022-2023	No. Of agents Reappointed during F.Y. 2022-2023	No. Of Agents terminated during F.Y. 2022-2023	Net Addition as on 31.03.2023
<div> <div>Prepared By</div> <div>Checked BY</div> <div>Chief/Sr./Branch Manager</div> </div> <div> <div>DATE:</div> <div></div> <div>Branch Code:</div> </div>								



REIMBURSEMENT CLAIM FORM

TO BE FILLED BY THE INSURED
The issue of this Form is not to be taken as an admission of liability

(To be Filled in block letters)

-DETAILS OF PRIMARY INSURED:

a) Policy No.:	<input type="text"/>	b) Sl. No/ Certificate no.	<input type="text"/>
c) Company / TPA ID (MA ID)No:	<input type="text"/>		
d) Name:	<input type="text"/>		
e) Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Pin Code	<input type="text"/>	Phone No:	<input type="text"/>
		Email ID:	<input type="text"/>

- DETAILS OF INSURANCE HISTORY:

a) Currently covered by any other Medicaclaim / Health Insurance: ☐ Yes ☐ No b) Date of commencement of first Insurance without break: DD MM YY YY YY YY

c) If yes, company name: Policy No. Date: MM YY YY YY YY YY

Sum insured (Rs.) d) Have you been hospitalized in the last four years since inception of the contract? ☐ Yes ☐ No e) Previously covered by any other Medicaclaim /Health Insurance : ☐ Yes ☐ No

Diagnosis:

f) If yes, company name:

- DETAILS OF INSURED PERSON HOSPITALIZED:

[illegible]

- DETAILS OF HOSPITALIZATION:

a) Name of Hospital where Admitted:

b) Room Category occupied: Day care ☐ Single occupancy ☐ Twin sharing ☐ 3 or more beds per room ☐

c) Hospitalization due to: Injury ☐ Illness ☐ Maternity ☐

d) Date of injury / Date Disease first detected / Date of Delivery:

e) Date of Admission: f) Time:

g) Date of Discharge: h) Time:

i) If injury give cause: Self inflicted ☐ Road Traffic Accident ☐ Substance Abuse / Alcohol Consumption ☐

j) If Medico legal ☐ Yes ☐ No ☐

ii) Reported to Police ☐ iii. MLC Report & Police FIR attached ☐ Yes ☐ No ☐

j) System of Medicine:

—DETAILS OF CLAIM:

a) Details of the Treatment expenses claimed i. Pre-hospitalization expenses Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		ii. Hospitalization expenses Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Claim Documents Submitted - Check List: <input type="checkbox"/> Claim form duly signed <input type="checkbox"/> Copy of the claim intimation, if any <input type="checkbox"/> Hospital Main Bill <input type="checkbox"/> Hospital Break-up Bill <input type="checkbox"/> Hospital Bill Payment Receipt <input type="checkbox"/> Hospital Discharge Summary <input type="checkbox"/> Pharmacy Bill <input type="checkbox"/> Operative/Theater Notes <input type="checkbox"/> ECG <input type="checkbox"/> Doctor's request for investigation <input type="checkbox"/> Investigation Reports (Including CT / MRI / USG / HPE) <input type="checkbox"/> Doctor's Prescriptions <input type="checkbox"/> Others
iii. Post-hospitalization expenses Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		iv. Health-Check up cost: Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
v. Ambulance Charges: Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		vi. Others (code): <input type="text"/> <input type="text"/> <input type="text"/> Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Total Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
vii. Pre-hospitalization period: days <input type="text"/> <input type="text"/> <input type="text"/>		viii. Post-hospitalization period: days <input type="text"/> <input type="text"/> <input type="text"/>		
b) Claim for Conciliatory Hospitalization: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide details in annexure)				
c) Details of Lump sum / cash benefit claimed: i. Hospital Daily cash: Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		ii. Surgical Cash: Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
iii. Critical Illness benefit: Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		iv. Convalescence: Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
v. Pre/Post hospitalization Lump sum benefit: Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		vi. Others: <input type="text"/> <input type="text"/> <input type="text"/> Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Total Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

- DETAILS OF BILLS ENCLOSED:

Sl. No.	Bill No.	Date	Issued by	Towards	Amount (Rs)
1.		D D M M Y Y		Hospital main Bill	
2.		D D M M Y Y		Pre-hospitalization Bills: Nos	
3.		D D M M Y Y		Post-hospitalization Bills: Nos	
4.		D D M M Y Y		Pharmacy Bills	
5.		D D M M Y Y			
6.		D D M M Y Y			
7.		D D M M Y Y			
8.		D D M M Y Y			
9.		D D M M Y Y			
10.		D D M M Y Y			

- DETAILS OF PRIMARY INSURED'S BANK ACCOUNT:

[illegible]

DECLARATION BY THE INSURED:

I hereby declare that the information furnished in the claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited. I also consent & authorize TPA / Insurance Company, to seek necessary medical information / documents from any hospital / Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills / receipts for the purpose of this claim & that I will not be making any supplementary claim except the pre/post-hospitalization claim, if any.

Date Place: Signature of the Insured

(IMPORTANT: PLEASE TURN OVER)



Scanned with OKEN Scanner

GUIDANCE FOR FILLING CLAIM FORM - PART A (To be filled in by the insured)		
DATA ELEMENT	DESCRIPTION	FORMAT
SECTION A - DETAILS OF PRIMARY INSURED		
a) Policy No.	Enter the policy number	As allotted by the Insurance Company
b) Sl. No/ Certificate No.	Enter the social Insurance number or the certificate number of social health insurance scheme	As allotted by the organization
c) Company TPA ID No.	Enter the TPA ID No.	Licence number as allotted by IRDA and printed in TPA documents.
d) Name	Enter the full name of the policyholder	Surname, First name, Middle name
e) Address	Enter the full postal address	Include Street, City and Pin code
SECTION B -DETAILS OF INSURANCE HISTORY		
a) Currently covered by any other Mediciam / Health Insurance?	Indicate whether currently covered by another Mediciam / Health Insurance	Tick Yes or No
b) Date of commencement of first Insurance without break	Enter the date of commencement of first Insurance	Use dd-mm-yy-format
c) Company Name	Enter the full name of the Insurance Company	Name of the organization in full
Policy No.	Enter the policy number	As allotted by the Insurance Company
Sum insured	Enter the total sum insured as per the policy	In rupees
d) Have you been Hospitalized in the last four years since Inception of the contract?	Indicate whether hospitalized in the last four years	Tick Yes or No
Date	Enter the date of Hospitalization	Use mm-yy format
Diagnosis	Enter the diagnosis details	Open Text
e) Previously covered by any other Mediciam / Health Insurance?	Indicate whether previously covered by another mediclam / Health Insurance	Tick Yes or No
f) Company Name	Enter the full name of the Insurance Company	Name of the organization in full
SECTION C -DETAILS OF INSURED PERSON HOSPITALIZED		
a) Name	Enter the full name of the patient	Surname, First name, Middle name
b) Gender	Indicate Gender of the patient	Tick Male or Female
c) Age	Enter age of the patient	Number of years and months
d) Date of Birth	Enter Date of Birth of patient	Use dd-mm-yy format
e) Relationship to primary Insured	Indicate relationship of patient with policyholder	Tick the right option, if others, please specify
f) Occupation	indicate occupation of patient	Tick the right option. If others, please specify.
g) Address	Enter the full postal address	Include Street, City and Pin code
h) Phone No	Enter the phone number of patient	Include STD code with telephone number
i) E-mail ID	Enter e-mail address of patient	Complete e-mail address
SECTION D - DETAILS OF HOSPITALIZATION		
a) Name of Hospital where admitted	Enter the name of hospital	Name of hospital in full
b) Room category occupied	indicate the room category occupied	Tick the right option
c) Hospitalization due to	indicate reason of hospitalization	Tick the right option
d) Date of injury/Date Disease first detected / Date of Delivery	Enter the relevant date	Use dd-mm-yy format
e) Date of admission	Enter date of admission	Use dd-mm-yy format
f) Time	Enter time of admission	Use hh-mm- format
g) Date of discharge	Enter date of discharge	Use dd-mm-yy format
h) Time	Enter time of discharge	Use hh-mm- format
i) If injury give cause	indicate cause of injury	Tick the right option
If Medico legal	indicate whether injury is medico legal	Tick Yes or No
Reported to Police	indicate whether police report was filed	Tick Yes or No
MLC Report & Police FIR attached	indicate whether MLC report and Police FIR attached	Tick Yes or No
j) System of Medicine	Enter the system of medicine followed in treating the patient	Open Text
SECTION E - DETAILS OF CLAIM		
a) Details of Treatment Expenses	Enter the amount claimed as treatment Expenses	In rupees (Do not enter paise values)
b) Claim for Domiciliary Hospitalization	indicate whether claim is for domiciliary hospitalization	Tick Yes or No
c) Details of Lump sum/ Cash benefit claimed	Enter the amount claimed as lump sum / cash benefit	In rupees (Do not enter paise values)
d) Claim documents Submitted-Check List	indicate which supporting documents are submitted	Tick the right option
SECTION F - DETAILS OF BILLS ENCLOSED		
Indicate which bills are enclosed with the amount in rupees		
SECTION G - DETAILS OF PRIMARY INSURED's BANK ACCOUNT		
a) PAN	Enter the permanent account number	As allotted by the Income Tax Department
b) Account Number	Enter the Bank account number	As allotted by the Bank
c) Bank Name and Branch	Enter the Bank name along with the branch	Name of the Bank in full
c) Cheque/ DD payable details	Enter the name of the beneficiary the cheque / DD should be made out to	Name of the individual / organization in full
c) IFSC Code	Enter the IFSC code of the Bank branch	IFSC code of the Bank branch in full
SECTION H - DECLARATION BY THE INSURED		
Read declaration carefully and mention date (in dd:mm:yy format), place (open text) and sign.		



CLAIM FORM - PART B
TO BE FILLED IN BY THE HOSPITAL
The issue of this Form is not to be taken as an admission of liability
Please include the original preauthorization request form in lieu of PART A

(To be Filled in block letters)

DETAILS OF HOSPITAL

a) Name of the hospital:
a) Hospital ID: c) Type of Hospital: Network : ☐ Non Network : ☐ (if non network fill section E)
c) Name of the treating doctor: S U R N A M E F I R S T N A M E M I D D L E N A M E
e) Qualification: f) Registration No. with State Code: g) Phone No.

DETAILS OF THE PATIENT ADMITTED

a) Name of the Patient: S U R N A M E F I R S T N A M E M I D D L E N A M E
b) IP Registration Number: c) Gender: Male ☐ Female ☐ d) Age: Years Months e) Date of birth:
f) Date of Admission: g) Time: h) Date of Discharge: i) Time:
j) Type of Admission: Emergency ☐ Planned ☐ Day Care ☐ Maternity ☐ k) If Maternity ☐ i) Date of Delivery: ii) Gravida Status:
l) Status at time of discharge: Discharge to home ☐ Discharge to another hospital ☐ Deceased ☐ m) Total claimed amount

DETAILS OF AILMENT DIAGNOSED (PRIMARY)

a)	ICD 10 Codes	Description	b)	ICD 10 PCS	Description
i. Primary Diagnosis	<input type="text"/>	<input type="text"/>	i. Procedure 1:	<input type="text"/>	<input type="text"/>
ii. Additional Diagnosis:	<input type="text"/>	<input type="text"/>	ii. Procedure 2:	<input type="text"/>	<input type="text"/>
iii. Co-morbidities:	<input type="text"/>	<input type="text"/>	iii. Procedure 3:	<input type="text"/>	<input type="text"/>
iv. Co-morbidities:	<input type="text"/>	<input type="text"/>	iv. Details of Procedure:	<input type="text"/>	<input type="text"/>

c) Pre-authorization obtained: ☐ Yes ☐ No d) Pre-authorization Number:
e) If authorization by network hospital not obtained, give reason:
f) Hospitalization due to injury: ☐ Yes ☐ No I. If Yes, give cause Self-inflicted ☐ Road Traffic Accident ☐ Substance abuse / alcohol consumption ☐
ii) If injury due to substance abuse / alcohol consumption, Test conducted to establish this: ☐ Yes ☐ No (If Yes, attach reports) iii. If Medico legal: ☐ Yes ☐ No iv. Reported to Police ☐ Yes ☐ No
v. FIR No. vi. If not reported to police give reason:

CLAIM DOCUMENTS SUBMITTED - CHECK LIST

- | | |
|--|--|
| <input type="checkbox"/> Claim Form duly signed | <input type="checkbox"/> Investigation reports |
| <input type="checkbox"/> Original Pre-authorization request | <input type="checkbox"/> CT/MR/USG/HPE investigation reports |
| <input type="checkbox"/> Copy of the Pre-authorization approval letter | <input type="checkbox"/> Doctor's reference slip for investigation |
| <input type="checkbox"/> Copy of Photo ID Card of patient Verified by hospital | <input type="checkbox"/> ECG |
| <input type="checkbox"/> Hospital Discharge summary | <input type="checkbox"/> Pharmacy bills |
| <input type="checkbox"/> Operation Theatre Notes | <input type="checkbox"/> MLC reports & Police FIR |
| <input type="checkbox"/> Hospital main bill | <input type="checkbox"/> Original death summary from hospital where applicable |
| <input type="checkbox"/> Hospital break-up bill | <input type="checkbox"/> Any other, please specify |

ADDITIONAL DETAILS IN CASE OF NON NETWORK HOSPITAL (ONLY FILL IN CASE OF NON-NETWORK HOSPITAL)

a) Address of the Hospital
City: State:
Pin Code: b) Phone No. c) Registration No. with State Code:
d) Hospital PAN: e) Number of inpatient beds f) Facilities available in the hospital i. OT ☐ Yes ☐ No ii. ICU ☐ Yes ☐ No
iii. Others:

DECLARATION BY THE HOSPITAL

(PLEASE READ VERY CAREFULLY)

We hereby declare that the information furnished in this Claim Form is true & correct to the best of our knowledge and belief. If we have made any false or untrue statement, suppression or concealment of any material fact, our right to claim under this claim shall be forfeited.

Date:

Place:

Signature and Seal of the Hospital Authority:



GUIDANCE FOR FILLING CLAIM FORM - PART B (To be filled in by the hospital)		
DATA ELEMENT	DESCRIPTION	FORMAT
SECTION A - DETAILS OF HOSPITAL		
a) Name of the hospital:	Enter the name of hospital	Name of the hospital in full
b) Hospital ID	Enter ID number of hospital	As allocated by the TPA
c) Type of Hospital	Indicate whether in network or non network hospital	Tick the right option
c) Name of treating doctor	Enter the name of the treating doctor	Name of doctor in full
e) Qualification	Enter the qualification of the treating doctor	Abbreviations of educational qualifications
f) Registration No. with State Code	Enter the registration number of the doctor along with the state code	As allocated by the Medical Council of India
g) Phone No.	Enter the phone number of doctor	Include STD code with telephone number
SECTION B - DETAILS OF THE PATIENT ADMITTED		
a) Name of Patient	Enter the name of patient	Name of patient in full
b) IP registration Number	Enter insurance provider registration number	As allotted by the insurance provider
c) Gender	Indicate Gender of the patient	Tick Male or Female
d) Age	Enter age of the patient	Number of years and months
e) Date of Birth	Enter date of birth	Use dd-mm-yy format
f) Date of Admission	Enter date of admission	Use dd-mm-yy format
g) Time	Enter Time of admission	Use hh:mm format
h) Date of Discharge	Enter date of Discharge	Use dd-mm-yy format
i) Time	Enter time of Discharge	Use hh:mm format
j) Type of Admission	Indicate type of admission of patient	Tick the right option
k) If Maternity		
i. Date of Delivery	Enter Date of Delivery if maternity	Use dd-mm-yy format
ii. Gravida Status	Enter Gravida status if maternity	Use standard format
l) Status at time of discharge	Indicate status of patient at time of discharge	Tick the right option
M) Total claimed amount	Indicate the total claimed amount	In rupees (Do not enter paise values)
SECTION C - DETAILS OF AILMENT DIAGNOSED (PRIMARY)		
a) ICD 10 Code		
Primary Diagnosis	Enter the ICD 10 Code and description of the primary diagnosis	Standard Format and Open text
Additional Diagnosis	Enter the ICD 10 Code and description of the additional diagnosis	Standard Format and Open text
Co-morbidities	Enter the ICD 10 Code and description of the Co-morbidities	Standard Format and Open text
b) ICD 10 PCS		
Procedure 1	Enter the ICD 10 Code and description of the first procedure	Standard Format and Open text
Procedure 2	Enter the ICD 10 Code and description of the second procedure	Standard Format and Open text
Procedure 3	Enter the ICD 10 Code and description of the third procedure	Standard Format and Open text
Details of Procedure	Enter the details of the procedure	Open text
c) Pre-authorization obtained	Indicate whether pre-authorization obtained	Tick Yes or No
d) Pre-authorization Number	Enter pre-authorization number	As allotted by TPA
e) If authorization by network hospital not obtained, give reason	Enter reason for not obtaining pre-authorization number	Open text
f) Hospitalization due to injury	Indicate if hospitalization is due to injury	Tick Yes or No
Cause	Indicate cause of injury	Tick the right option
If injury due to substance abuse/alcohol consumption test conducted to establish this	Indicate whether test conducted	Tick Yes or No
Medico Legal	Indicate whether injury is medico legal	Tick Yes or No
Reported to Police	Indicate whether police report was filed	Tick Yes or No
FIR No.	Enter first information report number	As issued by police authorities
If not reported to police, give reason	Enter reason for not reporting to police	Open text
SECTION D - CLAIM DOCUMENTS SUBMITTED-CHECK LIST		
Indicate which supporting documents are submitted		
SECTION E - DETAILS IN CASE OF NON NETWORK HOSPITAL		
a) Address	Enter the full postal address	Include Street, City and Pin Code
b) Phone No.	Enter the phone number of hospital	Include STD code with telephone number
c) Registration No. with State Code	Enter the registration number of the Hospital obtained from local body like City Corporation / Municipality	As allocated by the City Corporation / Municipality
d) Hospital PAN	Enter the permanent account number	As allocated by the Income Tax Department
e) Number of Inpatient beds	Enter the number of inpatient beds	Digits
f) Facilities available in the hospital	Indicate facilities available in the hospital	Tick the right option. If others, please specify
SECTION F - DECLARATION BY THE HOSPITAL		
Read declaration carefully and mention date (in dd:mm:yy format), place (open text) and sign. and stamp		

Office Note for Resignation/Surrender of Insurance Appointment

Ref : Branch/ Sales/

Date :

Resignation/Surrender of Insurance Appointment by

Shri/ Smt :

Ag. code

- 1 Received letter dt. from above agent seeking Resignation/ Surrender of Insurance Appointment , Branch No
- 2 Reasons mentioned by the agent for Resignation/Surrender of Insurance Appointment are:

- 3 Name of the co-agent who has agreed to serve his policyholders :

Name of the co-agent /Ag code/Branch

- 4 Consent letter from Co-Agent Received:

Yes/No

consent letter encl

Yes/No

- 5 The Agency Particulars are as follows :

a	Date of Appointment :		Dt of Confirmation	
b	Agent is Direct /attached to Dev Officer			
c	Name of the Develop Officer/CLIA :		DO /CLIA Code :	
d	Consent from Dev Officer Received	Yes/No		
e	Any Audit Recovery :			
f	O/s advances under Scheme of advances, or any other O/s advance.			
g	Any Disciplinary action pending or initiated against the agent.			Yes/NO
h	Appointment letter Serial No & its validity :			
i	Whether Agent has surrendered Appointment letter / original license			Yes/NO
j	Whether Agent has surrendered Identity card issued to him / her			Yes/NO
k	Whether Agent has returned Sales literature			Yes/NO
l	Agency year wise business particulars(Ag & Financial Yr earnings)			encl/not encl
m	PAN No of the agent			
n	Club Membership	Yes/No	Pl specify the Club	
o	Agency Status enclosed	Yes/NO		

- 7 Recommendations of Chief /Sr / Branch Manager for Resignation /surrender of his/her agency :

We may send all the papers to Division for approval of Resignation/Surrender of Agency.

Chief/Sr/Branch Manager(I/C)



From

: Sales Dept
Pune D.O.-II

To: Sales Dept
Branch

Ref : Sales/Resign/

Re : Resignation to act as LIC Agent
Shri/Smt

Ag code :

We are in receipt of your memo dtd.

& a letter dtd

from the above agent **tendering Resignation to act as LIC Agent / cancel his LIC license/for
issue of I-C (Cessation Certificate/ NOC for transfer of licence to**

In this regard , you are advised to see that the Resignation tendered by him contains following details. Please ascertain from him that he is not intending **to join any private life insurance company. Advise him to mention in his Resignation** letter. Further, as per the IRDA Rules, the agent who has tendered resignation has to inform all his policyholders that he is resigning from this institution and further servicing of the policies will now be done by another agent. For this purpose, he will have to obtain a consent letter from co-agent who agrees to serve his policyholders and has to submit the office a consent letter from the co-agent and a list giving the details of all his policyholders mentioning their policy nos.and contact nos preferably mobile nos.

You are requested to submit the following particulars along with it :

- 1 Date of Appointment
- 2 Date of Confirmation
- 3 Whether the Agent is Direct/attached to Development Officer
- 4 Consent of Development Officer
- 5 Agency year wise and F.Y. wise business particulars.
- 6 Licence No. & its validity
- 7 to submit original licence.

In case original license is lost/misplaced/not traceable then

agent is required to give the affidavit on Rs.100/-stamp paper and to pay Rs.50/- at the Division cash counter for issuance of duplicate license. This duplicate license then shall be cancelled.

- 8 Club membership
- 9 Particulars of Commission for last 3 years
- 10 Particulars of Outstanding dues under Scheme of Advances , if any.
- 11 Particulars of Outstanding Audit Recovery , if any.
- 12 Inform whether any Disciplinary action is pending against the agent.
- 13 Observations of the CM/Sr./Br.Manager.
- 14 Submit Agency S/R and KYC.
- 15 Confirm that the Agent has returned the Identity card issued to him, Sales literature and the licence.

We are returning the papers to you. Re-submit the same with all the requirements.

Encl As above

A.O.(Sales)



Date:

DECLARATION

I, _____ hereby
declare that I am aware of the provision that I shall not be eligible to receive
renewal commission payable (if any) from LIC of India, if I directly or
indirectly solicit or procure or promote life insurance business in any capacity
for any other person or company or organization or take up any assignment in
any capacity with a private life insurer after termination or resigning my
agency with LIC of India within two years thereafter.

Signature of the declarant.

LIC Agent Code no.

Mobile No.:

Email ID:

Form I-C.

Certificate to be issued by the Insurer to
Agents on cessation of Insurance Appointment
Certificate

We hereby declare that _____ (Unique Agency Number _____)
was appointed as an Insurance Agent in our organization **LIC OF INDIA** and the details of the Agency
held with us are as follows:

The details of the agency held with us are as follows:

Particulars of the Agent

Agents Name	
Agency Code Number (Allotted by the Insurer)	
Date of issue of appointment	
Category of appointment (Life / Non-Life/ Health Composite) In case composite furnish names of other insurers	
PAN NUMBER of the Agent	
Date of submitting resignation / surrender of insurance appointment if any	
Date of acceptance of resignation / surrender of insurance appointment if any	
Reasons for leaving the organization	
Remarks of the Insurer if any	

Name:

Designation:

Date:

Place:

Name of Insurer: Life Insurance Corporation of India



Option form for the Chairman's Club Members (M.Y. 2024-25)

I, Shri/Smt./Ms....., Agency Code No....., Branch Office
....., Division Office, New / Continued Member of Chairman's Club for the
Membership Year 2024-25, giving my option out of the five options as mentioned below:

Please tick your option.

- 1) I wish to visit a place of choice for which maximum reimbursement of Rs.25,000/- will be done or reimbursement of Rs 25,000/- based on the declaration stating the place visited subject to deduction of income tax as per rules.
- 2) I wish to attend training for which a maximum reimbursement of Rs.15,000/- (all inclusive) will be done.
- 3) Reimbursement towards Sales Promotional Gifts upto Rs.14,000/- including expenses towards customer meet for his/her clients/Software CD/Software upgrades/Broadband connection charges/Stationery items etc.
- 4) Contribution of Rs.14000/- towards Samvardhan Pension Scheme. (The option is available to existing members only who have joined the Samvardhan Scheme prior to ARD 01.09.2013).
- 5) I wish to attend the Convention which may be organized at any place in India.

I hereby agree for option No. [____]

Kindly note that for all the above options, except for option 5, tax at source is to be deducted u/s 194R of the Income Tax Act, 1961.

.....
(Signature of eligible Agent)

Annexure – I

DECLARATION TO BE OBTAINED FROM CLUB MEMBER AGENT AVAILING REIMBURSEMENT EXPENSES

Branch: _____ Division: _____ Zone: _____

Name of the Agent : _____

Agency Code no : _____

Name of Club to which he/she belongs: _____

DO Code/CLIA Code/ Direct : _____

Membership Year for which reimbursement is sought for: _____

I am submitting herewith my application for reimbursement of expenses incurred for printing of stationery items as per my club eligibility along with three samples of the same.

I, hereby declare that the Corporate Identity Program as applicable to my Club has been strictly followed in printing of the Club stationery.

The information given above is completely true and I undertake to adhere to rules regarding stationery printing and reimbursement.

Kindly reimburse the expenses to me.

Date:

Place:

(Signature of the agent)

Name, Address & Mobile No.

Encl: 1-Application

2-Bill

3-Three samples of stationery

----- For office use only -----

**I, approve that Corporate Identity Programme guidelines have been strictly followed by the Agent
_____ while getting the stationery printed.**

(NAME, SIGNATURE & STAMP)
Chief/Sr/Branch Manager In Charge
_____ Branch Office



Declaration for reimbursement of expenses incurred for the MY 2024-25 by ELITE/Corporate/Club Galaxy /CM's/ZM's/DM's Club Member Agent.

Name of the Agent: _____ Agency Code: _____

Branch Code: _____ New/Continuing _____ Club member (M.Y. ____ - ____)

1. Office Address: _____

2. Own/Rented :

3. Is the Office is a part of Residence : Yes/No

4. Operating Premium point : YES/NO

Is Spouse a Club member Agent for the M.Y 2024-25 in LIC of India: YES/NO

If YES, Name of Club: _____ Whether Spouse is also operating a Premium Point: YES/NO

5. The expenses incurred during the Membership Year 2024-25 are as follows:

Description and Head of expenses	Yearly Amount paid ₹
Rent paid	
Salaries paid to Staff	
Postage incurred	
Amount spent on stationery	
Amount spend on Office maintenance and Electricity	
Expenses on entertainment	
Telephone expenses	
Amount spent on maintenance of Computer (ZM and DM Club Member Agents maintaining Premium Point)	
Sales promotional Gift items	
TOTAL	

I am maintaining office as details mentioned above which is exclusively utilized for procurement of business and providing services related to **LIC of India** only. I also confirm that all the supporting bills, receipts, documents shall be available with me and will be presented to the office for the purpose of verification, whenever asked for.

I declare that no member of my family (as defined by LIC of India) has taken Agency/Corporate Agency or is a Specified person/Financial Services Executive or Life Insurance Broker or Direct Sales Executive with any other Life Insurer. I declare that the information given above is true to the best of my knowledge. If at any point of time it is found by LIC of India that any of the aforesaid statements are false then I understand and agree that LIC of India will recover the entire office allowance paid to me alongwith appropriate interest thereon as decided by LIC of India.

Date:

Place:

Signature of the Agent

Inspection Report by Branch In charge/Person authorized

- I have inspected the Office of Shri /Smt /Ms _____, Agency Code _____
Club member Agent on _____.
- Observations are as follows:
 1. Is the name Board of LIC displayed prominently : YES/NO
 2. Whether it is as per CIP : YES/NO
 3. Is it Rented or Owned premises : Rented/ Owned
 4. Whether it is shared by other Club Member Agent: YES/NO
If yes, how many Club Member Agents are sharing the Office: _____
 5. If rented premises, is the amount claimed reasonable? : YES/NO
 6. Operating premium Point: YES/NO.
 7. Whether Computer is maintained : YES/NO

I confirm that the Office is maintained in accordance with LIC of India guidelines.

Recommend sanction of the Office allowance: YES/NO

Address of Agent's Office: _____

Date:

Place:



LIFE INSURANCE CORPORATION OF INDIA PUSAD BO 99A

"Jeevan Jyoti", Talao Lay-Out, Pusad, Dist. Yavatmal-445204

Ref: Sales/99A

Date:

To,

Registering Authority,
Dy R.T.O.,
Yavatmal.

Dear Sir,

Re: NOC for vehicle No. _____

With reference to above, **Sri/Smt**_____ has availed loan for above vehicle Under Hire-purchase scheme from LIC of India, Pusad Branch Office.

As the party has fulfilled his entire obligation and paid all hi outstanding dues under the said Hire purchase agreement, we have issued form 35 for removing of hypothecation.

Please consider the letter as '**NO DUES CERTIFICATE**' so as to enable you doing the needful.

Thanking you.

Yours faithfully,

Sr./Branch Manager

Place: Pusad

Date :





Life Insurance Corporation Of India
Amravati Division Pusad BO 99A

ANNEXURE "A"

FORM OF NOMINATION

I _____ Agency Code NO. _____

attached to **Pusad Branch 99A** of Amravati Divisional office of the Life Insurance Corporation Of India(hereinafter known as the "CORPORATION") do hereby nominate under sub-section 44 of the Insurance Act 1938, as made applicable to the corporation by notification in the Gazette of dated 27-4-1972 and as amended from time to time, the person/persons as shown under section I or II below (strike off the section not applicable), to whom the moneys found to be due and payable on my death and thereafter shall be paid and direct that his/her/their receipt thereof for the moneys against the respective items shall be a full and sufficient discharge to the Corporation.

In case the said nominees mentioned in column 3 below shall die during my life, then I appoint the persons whose name is /are set out against the respective nominee's in column 5 as the alternate nominees to receive the respective moneys payable at my death and thereafter:-

Item	Moneys due and Payable	Nominee		Alternate Nominee	
		Name	Relationship with agent, age and address	Name	Relationship with agent, age and address
	<u>Section I- To Receive all Dues</u> Gratuity, Term Assurance, Claim amount and all commission payable at death and thereafter.				
	Section II- Separate Nominees for Different Dues.				
I)	Gratuity				
II)	Term Assurance Claim Amount				
III)	All commission payable at death and thereafter				

This nomination supersedes the nomination made by me earlier and registered in your books under Serial NO. _____ on _____ which is hereby canceled.

Signed at **Pusad BO 99A** this _____ day of _____ 20____

Witness:

Name: _____

Occupation and Address: _____

Signature of the Agent.

Signature: _____



LIFE INSURANCE CORPORATION OF INDIA

(CLAIM FORM FOR AGENTS) (CLAIMANTS STATEMENT)

Name of the scheme : Group Insurance for
confirmed tied agents of the corporation.

Master Policy No. : 900693223

Name of the Deceased Agent :-----

Agency code no. and Br.Code:-----BR, CODE-----

Club membership if any : Club membership year:

Applicable insu.cover on the date of death:

Was his agency in force : yes/no

Date of death :..... date of appointment:.....

Cause of death:.....

(Signature of the MPH with seal)

Certificate of the I/C/Br.Manager.

This is to certify that the claimant is the nominee as per the register of Nomination. We
Also certify that the premium of Rs.....was deducted from his commission
on.....for the year.....

We hereby request to credit the claim amount to the claimants above mentioned
Bank account.

PLACE

DATE:

Signature of the MHP with seal.





भारतीय आयुर्विमा महामंडळ
भारतीय जीवन बीमा निगम
Life Insurance Corporation of India

P&GS Dept, "Jeean Prakash" Shrikrushnapeth, Amravati -444601, Tel (o) 0721-2666876, 2662967
(Please sign and return this Discharge Receipt to above office, before banking the cheque)

Master Policy No: _____

Payment No: _____

We, The Trustees, _____

Do hereby acknowledge receipt from the LIFE INSURANCE CORPORATION OF INDIA, the sum of Rs. _____

(Rupees _____)

in full satisfaction and discharge of all our claim/s under the above Master Policy on the life/lives of member/s as detailed in LIC's letter/statement dated _____

SR NO	HEAD OF ACC	Rs.
1	SURRENDER	
2	DEATH	
3	G.P.T.B.	
TOTAL		

Dated at _____ this _____ day of _____ 20

Witness: _____

Revenue
Stamp

(Signature of the Policyholder)

FOR OFFICE USE only

Date of Payment: _____

Date of Receipt duly executed by Grantees _____

Int no/Int Date/s _____

Noted in Payment Register on: _____







Amravati Division
Branch :

Format for Laptop Advance to Development officer.

- 1) Name of Dev. Officer :
- 2) Code No :
- 3) Name of Branch Office :
- 4) Enclosures : Dev. Officer's Application
Quotations
(From two different dealers, for single product)
Salary certificate
- 5) Date of last Laptop adv. availed :
- 6) Performance of Dev.officer for last two financial years :

Financial Year	F.P.I. In lacks	Lives

Above F.P.I. figures are excluding single premium and annuity/ pension policies in the last two financial years.

STANDARD NORMS :

15 Lacs FPI excluding single premium and annuity / pension policies in each of last two financial year. For further details please refer circular : Mktg/ZD/31/2006, dated 12.09.2006.

- 7] Any other information :
- 8] Branch Manager's recommendations :

We have enclosed herewith application and quotations for your further doing needful.

Yours faithfully

Sr/Branch Manager





Life Insurance Corporation of India

CO/ZO/DO/BO

APPLICATION FOR ADVANCE FOR PURCHASE OF MOPEDS/SCOOTERS/MOTOR CYCLES

1. FULL NAME
2. S.R. NO.
3. DESIGNATION
4. DATE OF APPOINTMENT
5. DATE OF ENTRY IN THE PRESENT CADRE.
6. PLACE OF WORK
7. GROSS SALARY
8. NET SALARY
9. WHETHER FIRST OR SUBSEQUENT ADVANCE
10. DATE OF PAYMENT OF FIRST ADVANCE & LAST REPAID AMOUNT.
9. IF SUBSEQUENT, STATE THE DATE OF PREVIOUS ADVANCE
 - a) Maker's Name
 - b) Value quoted as per proforma invoice without extra fittings
10. Amount of advance required

PLACE :

DATE :

SIGNATURE OF THE EMPLOYEE



HYPOTHECATION DEED

This AGREEMENT made at Mumbai this day of ----- between **THE LIFE INSURANCE CORPORATION OF INDIA**, a Corporation established by the Life Insurance Corporation Act, 1956 and having its Central Office at Yogakshema, Jeevan Bima Marg, Mumbai – 400 021 (hereinafter called “the Corporation” which expression shall unless repugnant to the context or meaning thereof be deemed to include its successors and assigns) of the one part and _____ S.R.No._____, Son/daughter of _____ residing at _____,thereinafter called “the employee” which expression shall include his/her heirs, executors, administrators and assigns wherever the context of meaning shall so require or permit) on the other part;

WHEREAS

1. The employee is in the service of the Corporation as -----
(Design.)CENTRAL OFFICE, and requires Motor ----- for the proper discharge of his/her duties.
2. In consideration of the employee agreeing to use the Motor-cycle solely for the purpose of the business of the Corporation on the terms and conditions hereinafter contained, the Corporation has agreed to advance to the employee a sum of Rs. _____ (Rupees _____
Only) towards the purchase price of the Motor-cycle hereinafter mentioned to be secured by Hypothecation of the said Motor-cycle.

Now, it is hereby agreed by and between the parties hereto as follows:

1. The said loan of Rs. _____ (Rupees _____) shall be debited to an account to be called "the Motor-cycle Loan Account" to be opened in the name of the employee with the Corporation and the employee shall pay to the Corporation every month on or before the first day of each month a sum of Rs _____ ps. _____ Only) inclusive of interest at the rate of ____ % (simple) p.a. which shall be credited in the said Motor-cycle Loan Account. In default, the Corporation shall be entitled to deduct the amount of each monthly installment from the salary and any other emoluments due to the employee and credit such amount in the said Motor-cycle Loan Account.
- 2 As security for the repayment by the employee to the Corporation of the moneys due under the said Motor-cycle loan Account, the employee doth hereby Hypothecate by way of First Charge the said Motor-cycle which shall be held as the exclusive property of the Corporation specifically appropriated to this security.

3. The employee further declares that Corporation having advanced a sum of Rs. _____ to him/her, the employee does hereby hypothecate to and in favour of Corporation his Motor-cycle of the value of Rs. _____ particulars whereof are set out in the Schedule hereto) belonging to him/her and wherever situate or lying and/or in transit (which is, hereinafter, for brevity's sake, referred to as Hypothecated Goods) to the intent that the security and charge hereby created shall be a security by way of first charge on the Hypothecated goods.

4. The employee further declares that he/she has absolute right to hypothecate the said Scooter/Motor-cycle/Moped and that this hypothecation is the first and only charge thereon and that employee shall not, except with the consent in writing of the Corporation, make or attempt or purport to make any sale or transfer or disposition of any kind of the same or any part thereof or part in possession thereof and shall not create or attempt or purport to create any mortgage charge; lien or any encumbrances whatsoever over the said Motor-cycle or any part thereof or do anything which would prejudice the security.

5. The said Motor Car / Scooter/Motor-Cycle/Moped shall be insured by the Employee with any one of the Nationalized General Insurance Company or its authorized Officer against the usual risk and the Employee undertakes and agrees to so insure the said Motor Car/Scooter/Motor-Cycle in the names of the Corporation and Employee and to deliver the policy of insurance to the Corporation and to pay premium due to respect of such policy duly and punctually and not allow such policy to lapse and in default the Corporation shall have the right but not the obligation to pay such premiums and debit the same to the Motor Car/Scooter/Motor-Cycle. All monies received under any such insurance mentioned in this clause shall be deposited with and retained and held by the Corporation as its exclusive property specifically appropriated to this security and shall be appropriated towards all moneys due and payable to the company under the terms of this agreement”.

6. So long as any moneys remain due under the said Motor-cycle Loan Account, the employee shall:

- (a) Punctually pay the said sum of Rs. _____ ps each month to the credit of the said Motor-cycle Loan Account on or before the 1st day of each month unless such installment or balance of the loan amount shall have been deducted by the Corporation from the salary and other emoluments due to the employee and credited in the said Motor-cycle Loan Account.
- (b) Bear and pay all the expenses of keeping the said Motor-cycle in good order and condition and do or cause to be done all necessary servicing, repairs to keep the said Motor-cycle in good order and condition to the satisfaction of the Corporation. For this purpose, the employee shall permit the Corporation, its agents, servants and representatives from time to time and at all times to view, inspect and value the Motor-cycle and take inventories thereof and shall render to the Corporation and to its agents, servants and representatives all such facilities as may be required for any of the purpose aforesaid.
- (c) Provide a safe garage or parking place for the said Motor-cycle.
- (d) Use the said Motor-cycle solely for the business of the Corporation and bear and pay all petrol, oil and other charges for the upkeep of the said Scooter/Motor-cycle/Moped.
- (e) Pay all fines that may be imposed or levied for driving or using the Motor-cycle in contravention of the law or police regulations.
- (f) Allow the Corporation's representative at all reasonable time to inspect the said Motor-cycle and view the state and condition thereof.

- (g) Shall not sell, pledge, mortgage or part with possession of the said Scooter/Motor-cycle/Moped or otherwise deal with the same.

7. In the event of the employee (a) failing to pay on demand any of the aforesaid installments or (b) failing to observe any of the terms and conditions hereof, or (c) ceasing to be in the service of the Corporation for any reason or (d) dying whilst in the service of the Corporation or if in the opinion of the Corporation the circumstance shall become such as would endanger or would be likely to endanger the security herein, the Corporation shall become entitled to the exclusive possession of the said Scooter/Motor-cycle/Moped and the employee undertakes to hand over possession of the said Scooter/Motor-cycle/Moped to the Corporation and also undertakes that his successors, heirs and legal representatives shall deliver the said Scooter/Motor-cycle/Moped to the Corporation on demand and in default of the employee or his successors, heirs or representatives not giving delivery of said Scooter/Motor-cycle/Moped to the Corporation within a week of such notice, it shall be lawful for the Corporation to enter upon any garage, premises where the said Scooter/Motor-cycle/Moped may be lying for the time being and to take possession of the same and to sell or otherwise dispose of the same by any public auction or private contract and to apply the net proceeds of such a sale in liquidation of the moneys due by the employee under the said Scooter/Motor-cycle/Moped Loan Account, provided that in the case of death of the employee, his heirs or legal representatives shall be entitled within a period of one month from the date of death to pay the balance due to the Corporation under said Motor-cycle Loan Account and after giving credit for all payments made by the employee and upon payment of such balance, the Corporation shall transfer the said Scooter/Motor-cycle/Moped to the name of such representative. Provided further that if the net sale proceeds of the said Motor-cycle shall not be sufficient to satisfy the amount due under the said Motor-cycle Loan Account, the Corporation shall be entitled to recover the shortfall from the Gratuity or Provident Fund or any other Terminal Benefits payable to the employee.

8. The employee hereby agrees to pay on demand all charges and expenses that may be incurred or suffered by the Corporation in the execution or carrying into effect or enforcing of this hypothecation or in relation to the exercise of the power of sale or any other power herein contained together with interest thereon at the rate of 12% per annum.

9. The Agreement and the security by way of hypothecation created as aforesaid shall operate as a continuing security for the moneys due from time to time by the employee to the Corporation under the said Motor-cycle Loan Account.

10. Any notice given by the Corporation shall be deemed to have been duly given if dispatched by post addressed to the last known address of the employee as registered with the Corporation and such notice shall be deemed to have been received by the employee or in case he is dead, by his heirs or legal representatives on the expiry of the normal period occupied in transit by post from the time when it was put in post.

IN WITNESS WHEREOF this **AGREEMENT AND HYPOTHECATION** has
been signed by _____ of the Corporation at Central Office and
by the said Sri _____, the day and the year first hereinabove written.

The Schedule above referred to ----

- | | | |
|-----|---|-------------|
| 1. | Registration Number | |
| 2. | Class of Vehicle | Two Wheeler |
| 3. | Maker's Name | |
| 4. | Type of Body | - |
| 5. | Year of Manufacture | |
| 6. | Number of Cylinders | 1 |
| 7. | Chassis Number | |
| 8. | Engine Number | |
| 9. | Horse Power | |
| 10. | Maker's classification or if not known, Wheel Base: | - |
| 11. | Sitting Capacity (including Driver of the Vehicle) | 2 |
| 12. | Unladen Weight | |

SIGNED SEALED AND DELIVERD on behalf)
Of the Life Insurance Corporation of India)
By _____ at Central)
Office, Mumbai.)

SIGNED SEALED AND DELIVERED by the said)
Sri _____)

_____)
S.R.No. _____)
_____)

OFFICE NOTE

Re : Review of Office Maintenance Allowance payable to
Shri _____, DO Code

From _____ to _____.

Month	Renewal Transactions		NB related Transactions				Agent's data		Whether OMA paid or not
	Actual	Required	ANANDA	GC+BOC	Total Actual	Required	Agent Recruited On	Agent Activised on	
	1	2	3	4	(3+4)				
04/2024		75				80			
05/2024		75				80			
06/2024		75				80			
07/2024		100				100			
08/2024		100				100			
09/2024		100				100			
10/2024		125				100			
11/2024		125				100			
12/2024		125				100			
01/2025		200				120			
02/2025		200				120			
03/2025		200				120			
TOTAL		1500				1200			

The SBA has completed _____ Renewal Premium Transactions (required _____) & _____ NB related transactions (BOC + GC+ Ananda) (required _____) for the quarter/ year from _____ to _____.

Hence, we may pay OMA to SBA _____ for the month of _____ as per Circular Ref: CO/Mktg.- SBA/2024-25/01 dated 01.04.2024.

_____ OMA
may be paid for the months _____ of

Prepared by _____ Checked by _____
Chief /Sr./Branch Manager

Note : 1. Please give details of Recruitment & Activisation of agents of the SBA duly signed

by Branch In-Charge with his seal also mention on the office note in the given col.

2. Transaction report from SBA Portal of all the months of quarter or year with GC and Ananda written on it duly signed by branch incharge.

3. SBA's application

4. Specific Recommendation from the Branch In-Charge along with signature & Stamp

Application for Advance for Purchase of Scanner

To,
The Senior Branch Accountant (SBA),
[Branch Name],
Life Insurance Corporation of India

Subject: Application for Advance for Purchase of Scanner

Respected Sir/Madam,

I hereby request you to kindly sanction an advance for the purchase of a scanner required for official work. The scanner is essential for timely processing, documentation, and improving the efficiency of daily operations.

I assure you that I will utilize the amount solely for the intended purpose and submit the necessary bills and documents as per the guidelines.

I kindly request you to consider my application and approve the advance at the earliest.

Thanking you,

Yours faithfully,

Name:
Designation:
Branch:
Employee No:
Mobile No:
Date:



EQUITABLE RELIEF CHART FOR THE MONTH 04/2024

SL.NO.	DEV. OFFICER CODE	DEV. OFFICER NAME	APPRAISAL PERIOD	GROSS ARREARS AMOUNT (RS.)
1.				
2.				
3.				
4.				
5.				
6.				
7.				

EQUITABLE RELIEF CHART FOR THE PERIOD 01.08.2022 TO 31.03.2023

25% OF THE EQUITABLE RELIEF PAID

SL.NO.	DEV. OFFICER CODE	DEV. OFFICER NAME	APPRAISAL PERIOD	GROSS ARREARS AMOUNT (RS.)
1.				
2.				
3.				
4.				
5.				
6.				
7.				

EQUITABLE RELIEF CHART FOR THE PERIOD 01.08.2023 TO 31.03.2024

25% OF THE EQUITABLE RELIEF PAID

SL.NO.	DEV. OFFICER CODE	DEV. OFFICER NAME	APPRAISAL PERIOD	GROSS ARREARS AMOUNT (RS.)
1.				
2.				
3.				
4.				
5.				
6.				
7.				

APPLICATION FOR "LIFE POINT" TO BE USED BY DEVELOPMENT OFFICERName of Development Officer:SR No:D.O.Code No:Branch Office (Name & Code) :Division:Date of Appointment as PDO:Date of Confirmation:Residential Address:Office Address (Other than premises of the Corporation):Contact No.s:-Office: _____ Residence: _____ Mobile No.: _____Email ID : _____1. Performance during last two completed appraisal years:

Appraisal Year	SFYPI	Annual Remuneration	Prescribed cost ratio	Actual Cost ratio	Agents recruited during AY

2. Do you have a computer: Yes/No Desktop/Laptop :
3. Do you have a printer?: Yes/No
4. Do you have Internet connectivity: Broadband or otherwise.

Place:**Date:****(Signature of the applicant)****For Branch use:**

- i. Details given by the applicant verified.
ii. Recommendations of Chief/Sr./Branch Manager:

(Signature of Chief/Sr./Branch Manager with seal)**Approval of Sr.Divisional Manager:****(Signature of Sr. Divisional Manager with seal)**

LIFE INSURANCE CORPORATION OF INDIA

FORM 'K'

**INTIMATION OF REPLACEMENT OF BATTERY & APPLICATION
FOR REIMBURSEMENT TOWARDS THE COST.**

Name of the Officer: _____

Desgn. & Place of Posting: _____

Regn.No. Of Car: _____

Particulars of New Battery:

- a) Date of replacement: _____
- b) Milometer reading on that date: _____
- c) Make of the Battery: _____
- d) Manufacturer's distinctive No. _____
- e) Guarantee period: _____
- f) Milometer reading on the date of replacement: _____
- g) Price of New Battery: Rs. _____

Details of the sale of Old Battery:

- a) Name of the Purchaser: _____
- b) Sale Price: _____

I certify that the above replacement has been carried out & the cost shown above has been incurred by me.

I claim reimbursement of Rs. _____ (Rupees _____)

Towards the above cost. An amount of Rs. _____ has already been advanced to me on this account.

Signature of the Officer

Place:

Date:

Note 1) All relevant bills and receipts should be attached.

2) All intimation in this form should be sent to the Office even in cases where no reimbursement is sought eg: cost met by Insurance Co.



L.I.C.OF INDIA, PUNE D.O.

APPLICATION FOR REPLACEMENT OF TYRES

- 1) Name of the officer :
- 2) Designation :
- 3) Particulars of the car :

- a) Registration no.:
- b) Milo meter reading at the entry:
- c) Milo meter reading as on date:

- 4) Whether tyre has to be replaced/retreated :
 - 5) No. of tyres to be replaced :
 - 6) Particulars of these tyres : Tyre nos.
- | | | | | |
|---|----|-----|----|---|
| I | II | III | IV | V |
|---|----|-----|----|---|

- a) Date when these tyres replaced/retreated :
 - b) Milo meter reading at that time :
 - c) Make of these tyres :
 - d) Guarantee period :
 - e) No. of miles since last replacement :
- 7) Make of proposed tyres :
 - 8) If retreating is proposed :
 - 9) If the proposed replacement is before the expiry of mileages, please state the reason for early replacement :
 - 10) Date on which it is proposed for Replacement/retreating :

Place:
Date:

Signature of the officer



ANNEXURE – 'B'

**REPORT OF INSPECTION OF OFFICE OF DEVELOPMENT OFFICER
FOR SELECTION AS A SENIOR BUSINESS ASSOCIATE**

- (1) Name
- (2) Development officer Code Number:
- (3) S.R. No.:
- (4) Address – **(With Pin Code)**

Office:

Residence:

- (5) Mobile No:
- (6) Branch:
- (7) Division:
- (8) Whether the Development officer has:
 - His own office:
 - A computer: Desktop/Laptop:
 - A printer:
 - Internet connectivity - Broadband or otherwise:
- (9) Whether the office is owned premises or rented:
- (10) The area of the Office: _____ sq. ft.
- (11) Whether the Office premises is situated in Market Place:
- (12) Whether the Office is easily accessible to customers.
- (13) Whether the Office is solely utilized for the purpose of life insurance business:
- (14) Any Other Observation:
- (15) Recommendations:

(REPORTING OFFICER)



**LIFE INSURANCE CORPORATION OF INDIA
PUSAD BRANCH OFFICE 99A**

**REPORT OF INSPECTION OF VEHICLE ALLOTTED TO AGENTS AND DEVELOPMENT
OFFICER FOR THE QUARTER ENDING: _____**

1. NAME OF THE AGENT/DEV.OFFICER : _____
2. MAKE OF VEHICLE: _____
3. VEHICLE NO : _____
4. DATE OF PURCHASE OF VEHICLE : _____
5. WHETHER ROAD TAXES PAID UP TO DATE : _____
6. WHETHER VEHICLE INSURANCE IS IN FORCE : _____
7. DATE OF INSPECTION OF VEHICLE : _____
8. MILOMETER READING AS ON DATE OF INSPECTION : _____
9. IF THE MILOMETER IS NOT IN ORDER
REASONS STATED BY AGENT/DEV OFFICER: _____
10. DOES THE AGENT/DEV OFFICER
HOLDS PUCCA DRIVING LICENCE ON HIS NAME: _____
A) LICENCE NO. : _____
B) DATE OF EXPIRY : _____
11. DOES THE VEHICLE IS USED ONLY FOR
BUSINESS PURPOSE : _____
12. DOES THE VEHICLE NEEDS ANY TYPE OF MAJOR REPAIR : _____
13. WHETHER TYRES/BATTERY IS IN GOOD CONDITION : _____
14. WHETHER THE VEHICLE IS IN GOOD RUNNING CONDITION: _____

BRANCH MANAGER.





LIFE INSURANCE CORPORATION OF INDIA
PUSAD BO 99A

REF: SALES/99A

DATE :

TO,

DEAR SIR,

RE: DELIVERY OF _____

WITH REF. TO ABOVE WE HAVE MADE THE PAYMENT OF RS. _____ /- ON

DATED _____ THROUGH NEFT PAYMENT TOWARDS PURCHASE OF

_____ PLEASE DELIVER THE VEHICLE TO OUR AGENT SHRI.

_____ YOU MAY REGISTER THE VEHICLE

IN THE NAME OF SHRI. _____

UNDER HYPOTICATION TO LIFE INSURANCE CORPORATION OF INDIA

PLEASE SEND THE COPY OF INVOICE, REGISTRATION TAX BOOK AND INSURANCE

POLICY TO OUR OFFICE AS EARLY AS POSSIBLE. ALSO INFORM US ABOUT THE

DELIVERY OF _____

TO SHRI. _____

THANKING YOU

SR. BRANCH MANAGER



Date : _____

The Sr.Divisional Manager,
LIC of India,
Amravati DO

Respected Sir,

Re: Office Inspection of

Shri/Smt. _____

Agency code : _____

Club member : _____, Branch : _____

The above agent has applied for furniture advance under Scheme of Advances to Agents,2001.

This is to inform you that as required by the Competent Authority, I have inspected the Office desired by the agent. I would like to elaborate on the following points related to the Inspection conducted by me on _____.

1 Location of the office :

--

2 Address of the office :

--

3 sq.feet area of the office :

--

4 observations regarding the locality :

--

5 Observations regarding the status of the agent in the market ,quality of proposals introduced by him, type of clients visiting him/his office,in view of the furniture applied for.

--

6 observations regarding existing furniture in the office.

--

7 observations regarding the requirement of the furniture items & its quantum applied for.

--

8 General observations/recommendations/comments:

--

Yours faithfully,

Branch seal

Branch Manager (I/C)

Agent has to give proof of utilization within one month from the date of sanction of advance and date of purchase .

Specimen format for Proof of utilization from the agent

From : Name of agent : _____

Agency code: _____

Branch: _____

Date : _____

To ,
The Branch Manager(I/C),

Branch No _____

_____.

Dear Sir/Madam,

Re : Proof of utilization of Advance for purchase under Office Equipment

My dealer has received an advance of Rs _____ for my purchase of _____

under Office equipment on _____.

I am thankful to you for the same.

I am confirming that the purchase of _____ has been very useful to me for procuring business and for giving services to my clients.

I am submitting herewith the Bill and the receipt of the Dealer _____ through whom the above purchase was made.

Thanking you once again.

Yours faithfully,

Signature of the agent



LIFE INSURANCE CORPORATION OF INDIA

BO _____

Attendance Certificate

To whom so it may concern I the undersigned _____

Designation - Sr. Branch Manager/ Assistant Branch Manager was present in the Marriage

of KU/MR. _____ Daughter/Sister/Brother/Son of _____

Agency Code No. _____ on Dated _____ at _____.

Name and Desg. of the
officer. _____

Signature of the Officer. _____



Inspection Report for Laptop Purchase Advance

Inspection Report

Name of Applicant (Agent/Development Officer): _____

Agency/Employee Code: _____

Branch: _____

Mobile No.: _____

Subject: Inspection Report for Grant of Laptop Purchase Advance

This is to certify that an inspection has been carried out regarding the request submitted by the above-mentioned Agent/Development Officer for the grant of advance towards the purchase of a laptop for official and fieldwork purposes.

Observation During Inspection:

1. The requirement for a laptop has been verified and found to be genuine for day-to-day business development activities.
2. The applicant is actively involved in LIC business procurement, servicing, and digital operations which necessitates the use of a laptop.
3. The existing resources/equipment of the applicant (if any): _____
4. Recommended laptop configuration as per work requirement: _____

Conclusion:

Based on the inspection, I hereby recommend that the advance for laptop purchase may be sanctioned as per the rules and guidelines of the corporation.

Date: _____

Place: _____

Signature of Branch Manager:

Name of Branch Manager:

Branch Seal:





LIFE INSURANCE CORPORATION OF INDIA
PUSAD BO 99A

REF: Sales/CLIA/ 99A

Date: _____

Statement of Appointment of Supervised Agents for the Month of:

SR. NO.	NAME OF THE AGENT	AGENT CODE	DEV. OFFICER CODE	DATE OF APPOINTMENT	LIVES	TOTAL PREMIUM	REMARKS
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							

Prepared By

SR. Branch Manager





LIFE INSURANCE CORPORATION OF INDIA
PUSAD BO 99A

REF: Sales/CLIA/99A

Date: _____

Statement of Termination of Supervised Agents for the Month of:

SR. NO.	NAME OF THE AGENT	AGENT CODE	DEV. OFFICER CODE	DATE OF APPOINTMENT	LIVES	TOTAL PREMIUM	REMARKS
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							

Prepared By

SR. Branch Manager





LIFE INSURANCE CORPORATION OF INDIA
PUSAD BO 99A

Ref: Sales/RCA/99A

Date: _____

Monthly Statement of **Rural Career Agent** for the month of _____

Sr. No.	No. of R.C.A. recruited for the Month	No. of R.C.A. recruited up to the Month	Stipendiary RCA	Stipend Paid to RCA	Lives	Premium
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Prepared By

SR. Branch Manager





LIFE INSURANCE CORPORATION OF INDIA
PUSAD BO 99A

REF: Sales/CCA/99A

Date: _____

Monthly Statement of **City Career Agent** for the month of _____

Sr. No.	No. of CCA recruited for the Month	No. of CCA recruited up to the Month	Stipendiary CCA	Stipend Paid to CCA	Lives	Premium
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Prepared By

SR. Branch Manager





LIFE INSURANCE CORPORATION OF INDIA
PUSAD BO 99A

Ref: Sales/MCA/99A

Date: _____

Monthly Statement of **Mahila Career Agent – Bima Sakhi** for the Month of _____

Sr. No.	No. of M.C.A. recruited for the Month	No. of M.C.A. recruited up to the Month	Stipendiary MCA	Stipend Paid to MCA	Lives	Premium
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Prepared By

SR. Branch Manager





Life Insurance Corporation of India

Western Zone Amravati Division Pusad BO 99A

Quarterly Review Format for New Joiner Scheme -2019

Sr No.	No. of agents Recruited during the Quarter	No. of Agents qualified under		Amount Disbursed	NB Completed	
		Level-I	Level-II		NOP	FPI
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Branch Manager

Pusad BO 99A



LIFE INSURANCE CORPORATION OF INDIA

AMRAVATI DIVISION OFFICE

From –Branch-

Date-

Re -Quarterly Hoarding report for month

This is to certified that I CM/SBM/BM/ABMS
of Branch has inspected the headings in our branch
Jurisdiction/Premises and confirm that Hoardings/Glow Sign Board/Sign
Board/Flex Mounted are as below.

Sr no	Hoarding Type- Glow(Light Board) Branch name Board	Size of Board	Date Of Installation of Hoarding/Glow Sign	Display of Hoarding/ Board	Remark

Recommendation if any : Such as repairs for glow board /flex to be
change/etc

.....
.....

Date-

Authorizes Signatory (Designation and Seal)





Life Insurance Corporation of India

Amravati Division Pusad Branch 99A

UTILITY CERTIFICATE

Shri/Smt _____

Agent Code. _____ Hereby declare that, I have Availled 2/4

Wheeler Advance of Rs. _____/- on ____/____/_____

Towards the Purchase of Rs. _____/- and I will utilize it for
the Purpose of LIC Business.

Date: ____/____/_____

Agent Signature



FORMAT APPLICATION FOR GRANT OF ADVANCE

1. Name:
2. S.R. No.:
3. Code No.:
4. Address – (**With Pin Code**)
 - a) Office:
 - b) Residence:
5. Mobile No:
6. Branch:
7. Division:
8. Whether the office is owned premises or rented:
10. The area of the Office: _____ sq. ft.
11. Nature of work for which advance is desired:
12. Name of the Dealer/Vendor/Person
From whom purchases are made/repairs and/or
Renovation work is carried out along with contact
Address and telephone number.
13. Amount of advance Required:

14. Present Monthly Recoveries from salary:

Sr. No.	Amount	Repayment of	
		Nature of advance	Date of advance

15. Amount of Incentive Bonus paid as per the last completed appraisal year.

16. Date of Retirement:

I hereby declare that all the facts given above are true and correct to the best of my knowledge. I undertake to repay the advance outstanding in lump sum from the incentive bonus/advance against incentive bonus/any other dues payable if the advance is not used for the specific purpose for which it is availed or if I fail to produce the necessary receipt, vouchers or proof within time schedule. I agree to repay the advance in lump sum from the incentive bonus/advance against incentive bonus/any other dues payable in the event of my becoming ineligible for the advance on my cessation as a Senior Business Associate.

vimp

Place:

(Signature)

Date:

Encl: Estimates/Quotation.

For Branch use:

1. Details given by the applicant verified.
2. Date of Retirement:
3. Recommendations of Chief/Sr./Branch Manager:

Signature of Chief/Sr./Branch Manager (with seal)



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Information Technology – Central Office, 'Yogakshema', Jeevan Bima Marg, P.B.No.19953, Mumbai- 400021

Annexure A

Re : Cancellation of transactions done by Empowered Agents and SBAs

We confirm that we have:-

- i) Collected the receipt generated through Portal from the merchant Shri / Smt _____, Merchant ID _____, Policy no./s _____ and entered it in the Receipt Cancellation Register maintained by the Account Dept of the Branch for Audit purpose.
- ii) Attaching the print file (soft copy) of the Premium History (as appearing in the branch office) for policy no/s _____, transaction no/s _____ through mail.
- iii) I request for cancellation of the transaction no/s. _____ for policy no/s _____ Dated _____ Invoice Id _____ Invoice Date _____.

iv) Detail circumstances for cancellation:-

Chief Manager / Sr. Branch Manager
Branch no. _____

Cancellation of transactions done by Merchants

Page 4 of 4

Annexure - A

Name: Kum/Smt./Shri
S. R. No.
Dev. Officer Code:
Branch Code:

Date:

Dear Sir/Madam,

Re: Authorization to work as a Senior Business Associate

This is further to our letter Ref. _____ dated _____ appointing you as a Development Officer of the Life Insurance Corporation of India.

In furtherance to the Terms and Conditions of your appointment vide letter dated _____, you have been selected to function as a Senior Business Associate and are hereby authorized to:

- Collect renewal premiums through cash or cheque from all policyholders including those whose policies pertain to other branch or any other agent who is not under your organisation.
- Collect Proposal Deposit transactions through cash or cheque only in respect of agents under your organization.
- Submit proposals canvassed by agents under your organization through Electronic Media (E Proposals).
- Register proposals only in respect proposals canvassed by agents under your organization.
- Issue of Policy Status Reports for those policies, which have been canvassed by agents under your organisation.
- Issue of Revival/Loan/Surrender value quotations for those policies, which have been canvassed by agents under your organisation.
- Issue of forms.
- Issue of Certificates to the policyholders for income tax purpose for those policies, which have been canvassed by agents under your organisation.
- Issue ULIP Statements for those policies, which have been canvassed by agents under your organisation.
- Perform such other duties as may be entrusted or assigned to you from time to time.

The authorization is made on the following terms and conditions and shall come into effect after you accept this offer and return the duplicate copy of this letter to the undersigned after affixing your signature thereon as a token of your acceptance of the terms and conditions of the appointment as a Senior Business Associate.



1. You are authorized to collect renewal premiums by cash and cheque for any LIC policy.
2. You are allowed to collect renewal premium even for ULIP policies. However, for the time being, premiums can be collected only for Unit Linked Policies which are in force and whose Grace Period has not expired, within 60 days from the FUP.
3. This authority is for on-line collection mode through LIC Development Officer's portal and does not extend to collect the premium through any other mode.
4. You shall sign the receipt generated through collection mechanism and hand over the same to the customer instantly.
5. The cash limit for all collections shall be Rs.5,00,000/- and once the credit limit is exhausted, the collection facility shall be automatically disabled till the money is deposited. The said limit shall be reviewed by the Competent Authority every year.
6. You shall deposit the premiums so collected with any LIC Branch opted for at the time of generating the invoice online through the Portal.
7. You shall deposit the cheques collected for renewal premium to the branch of LIC opted while generating the invoice through the portal. The Merchant Id and the Invoice Id has to be mentioned on the back of each cheque collected towards renewal premium along with policy number.
8. You shall deposit the renewal premium amount collected by cash and or by cheques before 3 pm within the next working day at the LIC Branch selected by you at the time of generating the invoice.
9. You are authorized to collect proposal deposits in cash and cheque only in respect of business canvassed by agents under your organisation. The receipt issued for such collections is a two-part receipt, the bottom half of which has to be tagged with the Proposal form when it is submitted to the Branch. The upper half shall be signed and handed over to the proposer. Please note that, for the time being, proposal deposits for the policies which are to be completed through the Green Channel should not be collected. It may also be noted that the collections made towards proposal deposits can be deposited only in the LIC Branch to which you are attached.
10. If you fail to deposit the amount within the specified time limit as above, the collection facility will be disabled automatically and the Competent Authority reserves its right to permanently withdraw this authority. At the same time an advance for the amount shall be created and the same shall be recovered from dues payable to you. The advance so created shall remain till such time you clear the dues. You shall also be liable for action as per the provisions of Life Insurance Corporation of India (Staff) Regulations, 1960.
11. You shall take care to ensure that nothing prejudicial to the interest of the Corporation is done by you while collecting renewal premium/proposal deposit under this authorization and in respect of matters for which you have been authorized, failing which you shall be liable for action as per the provisions of Life Insurance Corporation of India (Staff) Regulations, 1960 in this regard.



13. You shall be granted advance for making alterations in the office infrastructure, renovation, purchase of furniture etc., paid reimbursement towards office maintenance and transaction fee as outlined in our Central Office Circular ref: Mktg./ZD/6/2009 dated 27.4.2009 as amended from time to time.
14. A User Guide dealing with the operational instructions in this respect is enclosed. For any technical query please contact Central Office, IT Department. For any other premium payment related query (non-updation of premium etc.) please contact PCMC at the following address:

PCMC,
LIC OF INDIA,
Network Operating Center,
1st floor, Jeevan Seva Annexe,
S.V. Road, Santacruz (West),
MUMBAI – 400 054.

15. You will be continued to be governed under the terms and conditions of your appointment letter dated _____, Life Insurance Corporation of India (Staff) regulations, 1960 as amended from time to time, Life Insurance Corporation of India Development Officers (Revision of Certain Terms and Conditions of Service) Rules, 1989 as amended from time to time and the provisions of the Senior Business Associate Scheme.

Yours faithfully,

Sr./Divisional Manager

Encl: as above.

I _____, S. R. No. _____, attached to _____ Branch under _____ Divisional Office hereby accept the above terms and conditions of my appointment as Senior Business Associate.

Dated at _____ on ____ day of _____, 20__.

Signature of the Development Officer

Quality Management Analysis of SBA Channel (DO to BO)

Name of the Office :

Name and Designation of the HOD :

Date of Visit :

Name of the visiting Official :

QMA Questionnaire (Attach separate sheet wherever required)

1. Whether the Branch is maintaining proper record of eligibility conditions of Dev. Officers sponsored for Enrolment of SBAs. (CO circular Ref:Mktg/ZD/6/2009 dt. 27.04.2009)
2. Whether the Branch is maintaining proper record for Condonation (wavier of cost ratio upto 1%) by Zonal Managers.[maximum waiver allowed 2 times in the entire service]
3. Whether Branch is maintaining proper records regarding Relaxation in Cost Ratio of SBA due to Wage Revision.(CO Circular CO/Mktg/SBA/2015-16/11 dated 10.03.2016)
4. Whether the Branch is maintaining proper record of Non-Regular SBAs, and there eligibility conditions (Co/Mktg/SBA/2015/5 dt.27.08.2015)

5. Whether the Branch is maintaining proper record for payment of OMA to SBAs/Non-Regular SBAs.
6. Whether the Branch is maintaining proper record for payment of Transaction Fees to SBAs/Non-Regular SBAs.
7. Whether Branch is having proper control on Outstanding Invoices for SBA s making collection in Life Plus Office and whether follow up action done regularly for pending invoices.
8. Whether Branch maintaining records regarding, recovery of advance done after SBA exiting out of SBA Scheme.
9. Whether the Branch is maintaining proper record for payment of Enhanced Car advance to SBAs/Non-Regular SBAs.
10. Whether competitions/honouring programs for SBAs floated by Central Office, results are compiled correctly as per the terms of the competition.
11. Whether the SBAs marking their attendance in portal and proper procedure is followed by the department to decide their eligibility for meal coupon.

12. Is the department reviewing the cost ratio of existing SBAs after their appraisal is settled, and report sent to Divisional Office.

13. Whether the SBA office display the signage board and it is according to Corporate Identity Program.

14. Whether Life Plus office is inspected by BM/ABM(S) once in a quarter.

15. Whether Branch is maintaining records of ASBAs

a)Cost Ratio

b)Collection of premiums/follow up.

16. Whether Branch is following up regularly with all SBAs for updation of status inLMS module in respect of all agency leads assigned to them?

ANNEXURE – 'C'

**REPORT OF INSPECTION OF BIMA CONNECT OFFICE OF SBA
FOR ENGAGEMENT AS LICA**

(1) Name

(2) Retired SBA Code Number:

(3) S.R. No.:

(3 A) Date of Retirement:

(3B): Pension File No.

(4) Address – **(With Pin Code)**

Office:

Residence:

(5) Mobile No:

(6) Branch:

(7) Division:

(8) Whether the SBA has:

☐ His own office:

☐ A computer: Desktop/Laptop:

☐ A printer:

☐ Internet connectivity - Broadband or otherwise:

(9) Whether the office is owned premises or rented:

(10) The area of the Office: _____ sq. ft.

(11) Whether the Office premises is situated in Market Place:

(12) Whether the Office is easily accessible to customers.

(13) Whether the Office is solely utilized for the purpose of life insurance business:

(14) Whether the SBA has taken consent from minimum required number of Agents:

(15) Any Other Observation:

(16) Recommendation:

Date:

Place:

Signature of Manager (Sales)/ADM

Name:

S.R.No.

ANNEXURE 'D'(modified 2020)

**FORM of Agreement to be submitted by Retired SBA at the time of
appointment as LICA:**

This **AGREEMENT** is made at _____ on this _____ day of _____ between
Shri/Smt/Ms. _____
son/wife/daughter _____ of
Shri _____ aged _____ residing at _____

_____ herein referred to as **Party of
the First Part** and Shri/Smt/Ms. _____ (designation and place) on behalf of Life
Insurance Corporation of India having its Central Office at "Yogakshema", Jeevan Bima Marg,
P.B.No.19953, MUMBAI 400021 herein after referred as "Corporation" as the **Party of the Second Part**.

WHEREAS,

1. **The Party of the First Part** pursuant to his /her application for engagement as LIC Associate (herein after referred as "LICA" under the LIC Associate Scheme) and being approved by the Corporation, had been offered the appointment for engagement as LICA vide letter dated _____ (**Annexure E modified 2020**) which party of the First Part do hereby accept with the following terms and conditions.
2. Party of the First Part is aware that his/her engagement as LICA will not be treated as re-appointment in the services of the Corporation as per Regulation 12 of LIC of India (Staff) Regulation, 1960. LIC of India (Staff) Regulations, 1960, LIC of India (Employees) Pension Rules, 1995, LIC of India Development Officers (Revision of Terms and Condition of Service) Rules, 1986 etc. shall not be applicable to you.
3. Party of the First Part will be engaged by the Corporation on contractual basis for a period of Five years as a LIC Associate (LICA) renewable at the sole discretion of the Corporation to be extended for another Five years. The tenure of the as LIC Associate shall not in any case extend beyond 70 yrs.
4. A) This agreement shall be valid for a period of five years from the date of acceptance of this agreement (Engagement will cease on Last Date of month in which LICA is completing five years of engagement from initial engagement) (For New LICAs)

B) This agreement is valid for five years from date of initial engagement (Engagement will cease on Last Date of month in which LICA is completing five years of engagement from initial engagement) (For Existing LICAs)

Strike down (A) or (B) which is not applicable

5. The Corporation may terminate the agreement by giving one month notice thereof in writing even on your fulfilling minimum performance norms as specified from time to time. However, during this notice period, you will continue to be responsible for quality of business brought by your mentored agents.
6. This agreement shall also be liable for being terminated by the Corporation, for any misconduct committed by you or if you commit breach of any statutory provisions or if you are found to be indulging in activities detrimental to the interests of the Corporation or would be in contravention to the terms of this agreement.

7. Your selection being purely on contractual basis, you will not be entitled to any benefits whatsoever other than those provided under LICA Scheme.
8. You will be entitled for only those benefits which are applicable as per LIC Associates Scheme as amended from time to time.
9. You are authorized to collect renewal premiums through cash or cheques from all policyholders including those whose policies pertain to other branch or any other agent who is not under your organization.
10. You are authorized to collect Proposal Deposit transactions through cash or cheques only in respect of agents under your organization.
11. You shall submit proposals canvassed by agents under your organization through Electronic Media (E Proposals).
12. You shall register proposals only in respect of proposals canvassed by agents under your organization.
13. You shall adhere to the instructions as prescribed for collecting premiums, servicing policies, depositing premiums, etc and also as prescribed by the PCMC from time to time.
14. If you fail to deposit the amount within the specified time limit, the collection facility will be disabled automatically and the Competent Authority reserves the right to permanently withdraw this authority.
15. You shall perform such other duties as may be entrusted or assigned to you from time to time.
16. You shall take care to ensure that nothing prejudicial to the interest of the Corporation is done by you while collecting renewal premium/ proposal deposit under this authorization and in respect of matters for which you have been authorized, failing which you shall be liable for action.

IN WITNESS WHEREOF, the Party of the First Part hereunto put their hands the day and the year first hereinabove written.

Signed and delivered by the within named

1. Party of the First Part Shri/Smt/Ms. _____

2. Party of the Second Part Shri/Smt/Ms. _____

In the presence of _____

Witness:

Witness:

Full Signature: _____ Full Signature: _____

Name: _____ Name: _____

Address: _____ Address: _____

Annexure- E(Modified 2020)

Shri/Smt.....
LICA Code No.....
Branch Office.....
Division.....

Date:

Dear Sir/Madam,

With reference to your application, the Competent Authority has approved your appointment for engagement as LICA. Your engagement as LICA shall be governed by 'LICA Scheme' and administrative instructions issued in this regard and as amended from time to time.

Kindly note that you have been allotted LICA Code No which should be quoted by you in all your future correspondences, proposals and other relevant forms. Your initial engagement will cease on ----- (Last day of month in which LICA completes five years from initial engagement)

Your engagement as LICA will not be treated as re-appointment in the services of the Corporation as per Regulation 12 of LIC of India (Staff) Regulation, 1960.

LIC of India (Staff) Regulations 1960, LIC of India (Employees) Pension Rules, 1995, LIC of India Development Officers (Revision of terms & conditions of Service) Rules 1986 etc. shall not be applicable to you.

You shall be entitled for Benefits & Allowances, on fulfilling the prescribed conditions laid down in the scheme and as amended from time to time.

DUTIES AS LICA:

Your duties as LICA shall be:

(A)

- i) To develop and increase the production of Life Insurance business in a planned way through the agents placed under your supervision & mentorship by the Corporation.
- ii) To guide, supervise and direct the activities of the Agents placed under your supervision by the Corporation.
- iii) To introduce suitable persons to the Corporation for Appointment as new Agents.
- iv) To act generally in such a way as to activate existing Agents and motivate new Agents, so as to develop a stable agency force.
- v) To render all such services to policyholders conducive to better policy servicing.

- vi) To perform such other duties as may be entrusted or assigned to you from time to time.
- (B) You shall ensure that the Agents in your organisation conduct their work and/or business strictly in accordance with the provisions of the Insurance Act, 1938 and Rules framed thereunder, and such other Rules and Regulations that the Corporation may issue from time to time and LIC of India (Agents) Rules, 1972 read with Insurance Regulatory and Development Authority (Licensing of Insurance Agents) Regulations, 2000 as amended from time to time and in the best interest of the Corporation.
- (C) Carry out all such functions as defined in LICA Scheme.

OTHER TERMS & CONDITIONS:

- i) You have no authority to accept risks or to grant credit or to bind the Corporation in any way.
- ii) You are not permitted to advance premiums on behalf of the policyholders or to have policies assigned to you or to any member of your family (i.e. wife, parents and children) by policyholders who are not related to you.
- iii) You are strictly forbidden from having any financial dealings with agents or policyholders of the Corporation or place yourself under pecuniary obligations to any one with whom you are likely to have official dealings as LICA.
- iv) You shall not be permitted to act as an insurance agent and you shall not allow any member of your family to act as an insurance agent. 'Member of the family' in relation to you shall be as defined in the Regulation 25 of the Life Insurance Corporation of India (Staff) Regulations, 1960.
- v) Operation of a Benami Agency is illegal. If you are found to operate any benami agency in the name of any person or if you are found to pass on any business to any of the agents under your supervision and derive any financial benefit there from for you or for your family, necessary action shall be taken against you.
- vi) You shall not work directly or indirectly for any insurer carrying on Life Insurance business other than Life Insurance Corporation of India and its subsidiaries.
- vii) You shall carry out all instructions as directions given to you by the Corporation from time to time.

The information given by you in the application form is the basis of your engagement as LICA, and, if any statement or averment made in the application is found incorrect or untrue, your appointment for engagement as LICA shall be liable to be terminated.

Further, the Competent Authority may terminate the agreement by giving one months notice thereof in writing even if you have fulfilled minimum performance norms as specified from time to time. However, during this notice period, you will continue to be responsible for quality of business brought by your mentored Agents.

Wish you the very best !

Yours faithfully,

(Signature of Marketing Manager)

I _____, hereby accept the above terms and conditions of my appointment for engagement as LICA.

Dated at _____ on _____ of _____

Signature of LICA

Annexure- G

Shri/Smt.....

Date:

LICA Code No.....

Branch Office.....

Division.....

Dear Sir/Madam,

Re : Notice for Change in Initial period of Engagement as LIC Associates(LICA)

This is to inform you that competent authority has accorded its approval to change the initial period of engagement from 3 to 5 years. Subsequent to this change, your initial engagement will cease on ----- instead of ----- (Last day of month in which LICA completes five years from initial engagement)

You are advised to submit fresh indemnity bond as per annexure D (modified 2020) to give effect to above change.

Yours faithfully

Sr. Divisional Manager

ADDENDUM TO ENGAGEMENT LETTER OF LICA

Mr. / Mrs. _____

LICA Code: _____

Branch: _____

Division: _____

Sir/ Madam,

Re: **Addendum to the engagement letter of LICA**

Kindly refer to the Annexure- "E" of Engagement/Extension letter dated _____ issued to you as LICA under code _____.

The Entry and Exit conditions were modified vide CO Circular ref : **CO/MKTG/LICA/2020-21/12 dated 10.02.2021** wherein additional condition has been incorporated with regard to the exit of LICA from the scheme as under;

"LICA not maintaining Bima Connect office will be exited from the scheme for all the purposes. No transaction of the Bima Connect office for a continuous period of 90 days will be taken as Bima Connect Office being non-functional."

If the Bima Connect Office could not function due to natural calamities, on self health grounds, lockdown, curfew imposed by Govt. agencies or any other reason which is beyond the control of LICA, ED(Mktg/PD/SBA) can reinstate the LICA within one year of his/ her date of exit on specific recommendation of Zonal Manager in-charge. However no business credit will be allowed during the deactivation period.

Kindly take note of the same

Yours faithfully,

Marketing Manager.

I _____, acknowledge the receipt of the letter enumerating Exit Condition from the Scheme as above and hereby accept the modified condition as mentioned therein.

Dated :

Signature of LICA

For past cases, Senior Divisional Manager of the concerned Division is authorized to suspend operation of this clause as per request.

The modification will come in to force with effect from 01.09.2019

Kindly note that all other conditions of CO Circular Ref: MKTG/ZD/15/2016 dated 17.06.2016 and other instructions issued from time to time are remain unchanged.


Executive Director(Mktg/PD/SBA).

Annexure-I(Revised 2021)

Draft indemnity Bond to be submitted by retired Employees (DO/SBA) of the corporation who are authorized to collect the renewal premium and proposal deposit under LIC Associate Scheme of the corporation at their "Bima Connect" Office.

(For DO/SBAs who have opted for pension)

This DEED OF INDEMNITY is made at ----- this ----- day of -----
- between Shri/Smt/Ms ----- son/wife/daughter of
----- aged ----- residing at -----
----- hereinafter referred to as Party of the First Part
and Life Insurance Corporation of India, established under section-3 of the Life Insurance Corporation Act,1956, having its central office at "Yogakshema", Jeevan Bima Marg,P.B. no-19553, Mumbai 400021 hereinafter referred as " corporation" as the party of the Second Part,
WHEREAS,

- 1) The Party of the First Part is a retired employee of the corporation, retired on -----
in the cadre of ----- with SR NO ----- ,Pension File No -----
----- . The party of the First Part applied to the Corporation for engagement as LIC Associate and for authorizing him to collect renewal premium and proposal deposits for policies issued by the Corporation at his/her "**Bima Connect**" office. The Corporation authorized the party of the first part to collect the renewal premium and proposal deposit vide agreement dated ----- subject to the Terms and Conditions mentioned therein and Party of the First Part agrees to abide by the said Terms and Conditions as well as all the administrative instructions issued by the Corporation from time to time in this behalf.
- 2) The Party of the First Part is hereby authorized to collect cash up to Rs. 7,50,000(Rupees Seven Lakh Fifty Thousands) only and Account Payee cheque in favour of Life Insurance Corporation of India irrespective of the amount, subject to terms and conditions mentioned in the agreement referred herein above.

- 3) The Party of the First part undertakes and agrees to deposit the cash and cheques collected in the "**Bima Connect**" office before the close of cash hours on the next working day in the designated Branch Office of the Corporation or any other office authorized in this behalf from time to time.
- 4) Now, this DEED WITNESSETH that in the event of party of the first part, for whatsoever reason, defaults in depositing amount before the close of cash hours on the next working day in the designated Branch office of the Corporation, the party of the First Part along with his/her heirs, executors, administrators and assigns undertake to indemnify the Corporation the liquidated damages etc. arising out of such non remittance.
- 5) The party of the First part along with his/her heirs executors, administrators and assigns also undertakes and agrees that in the event of failure of the party of the First part to remit to deposit the amount collected in the "**Bima Connect**" office to the Corporation, the Corporation shall have the first lien and charge on all assets, money payable etc. including pension, if any, and the Corporation shall recover the said defaulted sum along with interest and cost thereon as well as the liquidated damages.

In witness whereof the Party of the First Part has put his/her hand the day and the year first hereinabove written.

Signed and delivered within named

Party of the First Part Shri/Smt/Ms -----

In the presence of -----

Witness: -----

Name: -----

Signature: -----

Address: -----

Note: The above Indemnity Bond is required to be executed before the Notary Public in a Stamp Paper of Appropriate Value applicable in respective States.

Data to be Submitted for Annexure-I(Revised 2021) Received from Existing Pension Optee LICA as on 15.02.2021							
Sl. No	Zone	Division	Branch	Name of LICA	LICA Code	Date of Engagement	Date of receipt of Revised Annexure

Secretary(Mktg)

"Revised – Annexure –A"

APPLICATION FOR ENGAGEMENT AS LICA

Affix your
recent
Passport size
photograph
here

1. Name in full (In English: Capital letters, Surname first)

2. Male/Female: _____ 2A. Mother tongue: _____

2C. PAN No. (enclose self attested copy of PAN Card)

3. Mailing address (Please do not repeat name):

4. Telephone Nos. with STD Code:

a) Office: _____ c) Residential: _____

b) Mobile No: _____ d) E-mail id: _____

5. Date of Birth _____ Age in completed years as on 1.04.2015 _____ yrs.

6. Name of the Divisional Office: _____ 7. Branch Name & Code: _____

8. S.R. No.: _____ 8 A: Dev. Officer Code: _____

9. Date of Appointment: _____ 10. Date of Retirement: _____

11. Educational Qualification: _____ 11 A: Technical Qualification: _____

12. Full Address of the Office (to be used as 'BIMA-CONNECT OFFICE'):

Whether the premises is Rental/Leased/Own: _____

13. Details of infrastructure available in your Office (e.g. Internet Connection/
Computers/ Counter/Seating Arrangement etc.):

13 A. Bank A/c details:

Nature of Account	Saving/Current
Name of Bank	
Bank Branch & Address	
Account No.	
IFSC Code	

(Kindly enclose cancelled cheque/first page of Bank pass book)

14. Performance during last 5 years:

Appraisal Year	NOP	SFYP (in lacs)	Cost Ratio %	Total No. of Agents	No. of Club Member Agents					No. of COT/TOT Agents	No. of New Agents recruited	No. of early death claim
					BM	DM	ZM	CM	Corporate			

15. No. of inforce Agents as on the date of retirement:

16. Details of Agents who have given their consent. (enclose separate Annexure if required)

Sl No.	Agency Code	Name of the Agent	Date of Appointment

17. Nominee Details:

Nominee's full name (Surname first) with address	Age	Relationship to yourself
If nominee is a minor, appointee's full name and address	Age	Relationship to nominee. Signature of Appointee as token of consent.

18. Pension optee details:

Whether Pension optee : Yes/No

If yes, Pension file number and other details.

I hereby declare that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect or not satisfying the prescribed eligibility criteria for engagement as LICA, my candidature is liable to be cancelled/ rejected at any stage.

Place:

Date:

(Signature of the Applicant)

List of Documents to be Attached:

1. Copy of retirement letter
2. Cancelled cheque/copy of first page of passbook
3. Self attested copy of PAN Card.

For Branch use:

1. Details given by the applicant verified.
2. Recommendations of Chief/Sr./Branch Manager:

Signature of Chief/Sr./Branch Manager (with seal)
Date:

For Divisional Office use:

Recommendation of Senior Divisional Manager:

Signature of Senior Divisional Manager
Date:

For Zonal Office use:

Decision of Zonal Manager:

Signature of Zonal Manager
Date:



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

CLIA /ANNEX III

LIFE INSURANCE CORPORATION OF INDIA

MONTHLY STATEMENT OF CHIEF LIFE INSURANCE ADVISORS APPOINTED
FOR THE MONTH OF _____

_____ **Division to Zone**

	During the month	Upto the month
Branchwise CLIAs appointed		
Total No. of CLIAs in Division		

SR.DIVISIONAL MANAGER

_____ **Zone to Central Office**

	During the month	Upto the month
Division wise CLIAs appointed		
Total No. of CLIAs in Zone		

ZONAL MANAGER



LIFE INSURANCE CORPORATION OF INDIA

Appointment letter of Chief Life Insurance Advisor

Annex-II

Ref:

Date:

To,

Re: Your selection as Chief Life Insurance Advisor.

Further to your application dated _____ for selection as Chief Life Insurance Advisor, we are pleased to appoint you as Chief Life Insurance Advisor with immediate effect. You are allotted the following code no. and Branch. Your appointment will be governed by the Chief Life Insurance Advisor Scheme, 2008 of LIC as may be altered, modified, amended from time to time. It is also governed as per the terms of agreement signed by you dated _____.

Further, you shall in performance of your duties comply with all the laws, rules and regulations relating to Insurance for the time being in force including any directions, general or special, issued by the Corporation and IRDA.

Your Code No. is _____ which should be used in all future correspondence.

In case, you require any information or clarification, you may please contact the Manager (CLIA), Divisional Office, _____ of the Corporation.

MARKETING MANAGER / MANAGER (CLIA)

To,
The Branch Manager,
Life Insurance Corporation of India
[Branch Name & Code]

Subject: Submission of LIC ID Card after Termination of Agency

Respected Sir/Madam,

I, [Agent Name], former LIC Agent, Agency Code: [Code], attached to [Branch Name], hereby submit my original LIC Identity Card as my agency has been terminated with effect from [Termination Date].

I request you to kindly acknowledge the receipt of my ID card and update your records accordingly.

Thanking you.

Yours faithfully,

[Agent Name]

[Address]

[Mobile Number]

[Email ID]

