To
The GM (Finance) Hyderabad Telecom District
The All DGM (F&A)/CAO/I&I in Telangana Circle
The DGM (F&A), CELLDONE, Secunderabad
The CE (Civil/Elec) Hyderabad

Sub Implementation of Superannuation Pension Scheme as per BSNL Employees
Superannuation Pension Trust Rules

Kindly find enclosed a copy of BSNL Corporate Office, New Delhi Letter No 500-51
2015-16/CA II/BSNL dated 28-09-2017 (Circular No CA-382) on the subject cited above for information, guidance and necessary action

Encl: As above

Chief Accounts Officer (CA)
O/o CGMT, AP BSNL, Hyderabad
Tel: 23201230 Fax: 23200222

Copy to:
1. DGM (CSC) Circle Office
2. The AO (Cash), Circle Office
3. The CAO (Finance) Main, BSNL H.Q.
4. DGM (F&A) Circle Office
5. CAO (ERP) Circle Office
6. CAO(Pig) Circle Office
No: 500-51/2015-16/CA II/BSNL

To,
The Chief General Manager,
All Circles
BSNL

Sub: Implementation of Superannuation Pension Scheme as per BSNL Employees Superannuation Pension Trust Rules.

Ref: No: 500-51/2015-16/CA II/BSNL dated 20.04.2017

As a measure of extension to social security to the BSNL recruited employees (as defined in BSNL Employees Superannuation Pension Trust Rules), BSNL has approved the implementation of Superannuation Pension Scheme w.e.f. 05.05.2016. Accordingly, BSNL has framed BSNL Employees Superannuation Pension Fund Trust Rules (copy of the Trust Rules is enclosed). As per the Trust Rules, BSNL will contribute at the rate of 3% of Basic Pay plus IDA per month for all BSNL recruited employees, as defined in the Trust Rules. The employees may also contribute to the scheme on a voluntary basis. The quantum of employees' contribution to the scheme is governed by the Trust Rules.

In this connection, the basic procedural as well as accounting aspects of the scheme are given below.

1. There are two GL codes in respect of superannuation pension scheme.
   - Claims Payable to Superannuation Pension Fund Trust - 1310203
   - Superannuation Pension Expenses - 5010310

2. Initially, on the basis of the process run in SAP, the total amount booked under Liability GL Code-1310203 upto September 2017, will be paid to the fund manager by Corporate Office.

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<table>
<thead>
<tr>
<th>Particulars</th>
<th>Debit</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superannuation Pension Expenses</td>
<td>XXX</td>
<td></td>
</tr>
<tr>
<td>GL Code (5010310)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claims Payable to Superannuation Pension Fund Trust</td>
<td>XXX</td>
<td></td>
</tr>
<tr>
<td>GL Code-1310203</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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3. With effect from October 2017, on a monthly basis, at the time of preparation of salary:
   - GL Code 5010310 will be debited for the Employer Share.
   - GL Code 1310203 will be credited by the amount of Employer share and Employee Share of superannuation pension scheme.

4. After completion of the salary process, total of the monthly credit under GL Code 1310203 duly tallied with the schedules, shall be transferred to the Superannuation Trust on 5th of the following month followed by transfer of the equal amount to the fund manager by the Trust at Corporate Office level. Circles should reconcile the amount booked in GL code 1310203 with the HCM schedules by 4th of the following month.
5 At the time of maturity of the scheme on account of superannuation/retirement/resignation/death of the employee, the employees/nominee of the employees will be required to opt for the pension option offered by LIC as also annexed with this circular. To opt for the pension options, employees/nominee of the employees shall submit the requisite forms duly filled to the DDO/AO(Cash).

6 Circles should ensure to revise the terms and conditions of deputation services to this effect and arrange to communicate with such other organizations.

7 The SAP related operational guidelines have already been issued by ERP HCM team.

8 General Instructions
- In the beginning, the DDOs will ensure to get the amount of monthly voluntary contribution and duly filled Nomination Form (copy enclosed) from the employees.
- At the time of maturity of the scheme on account of superannuation/retirement/resignation/death of the employee, the DDOs/AO(Cash) will ensure to send the claim form to GM(CA), CO, BSNL in original. Separate set of forms to be sent to this office for death and other than death cases are enclosed as Annexure ‘A’ and ‘B’ respectively. Each page of the claim form should be authenticated by the DDO/AO(Cash).
- LIC, the fund manager, of the BSNL Employees Superannuation Pension Scheme will provide the facility of online web portal for each Employee through which the employees will be able to have updated information on his superannuation pension contribution fund. The procedure to check the portal will be intimated in due course.

Hindi version will follow.

Copy to: For information/necessary action please.
1. PPS to CMD BSNL
2. PPS to Director (HR/Finance/CFA/CM/EB) CO, BSNL.
3. CS & CGM(Legal), CO, BSNL
4. All Trustees of BSNL Employees Superannuation Pension Fund Trust.
5. PGM/Sr. GM/General Manager (Finance)/IFA, All Circles, BSNL
6. All CGM/PGM/Sr. GM/GM, CO, BSNL
7. DGM (R&P) Corporate Office, BSNL.
8. OL Section for Hindi Version and Circulation.
FORM OF APPOINTMENT OF BENEFICIARY UNDER THE RULES OF
BSNL Employees Superannuation Pension Scheme

I, __________________________ a member of BSNL Employees Superannuation Pension Scheme, hereby appoint in terms of the Rules headed “APPOINTMENT OF BENEFICIARY” in the Rules governing the Scheme my (Relationship) _____________________ named _______________________________ aged ____ years and whose address is ______________________________________________________________________ as the person to whom the moneys payable under the Rules of the Scheme shall be paid in the event of my death.

Signed at __________ this ______ day of _______ 20 _______

SIGNATURE OF MEMBER
Name: __________________________
HRMS No.: _______________________
Address Office: _______________________

Address Residential: _______________________

WITNESS BY :
1. Signature : _______________________
2. Name : _______________________
3. Address : _______________________


BSNL Employees Superannuation Pension Fund Trust

The Manager (P&GS)
LIC of India
Delhi Divisional Office – 1,
Jeevan Prakash, 6th, 7th Floor,
25, K.G. Marg,
New Delhi – 110 001.

Dear Sir,

Reg: Master Policy No. ________________ – Claim Papers.

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

a) Form B - Letter to LIC
b) Form N – Letter of Authority
c) Application of Pension
d) Nomination Form
e) Two advance discharge receipts

Encls: As above

For and on behalf of
BSNL Employees Superannuation Pension Fund Trust

Trustee
BSNL Employees Superannuation Pension Fund Trust

FORM-B

(IN DEATH CASES ONLY)

No.BSNL/

The Manager (P&GS),
L.I.C. of India,
P & GS Deptt., 6 & 7th Floor,
25, Kasturba Gandhi Marg,
New Delhi-1 10001

Dear Sir

Ref: Master Policy No. _________________

1. We regret to advise that Mr./Ms. ____________________________________, member of Superannuation Pension Fund Trust died on _________. In accordance with the nomination dated _______ made by the Member and registered in our books, the Beneficiary(ies) entitled to receive the benefits of the assurance on the life of the Member is / are:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of Nominee</th>
<th>Address of Nominee</th>
<th>Relation-ship with Member</th>
<th>Date of Birth of Nominee</th>
<th>Proportion by which Pension will be shared</th>
</tr>
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<tbody>
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</table>

2. A certified copy of Date of Birth of beneficiary is attached.

3. The said Beneficiary(ies) has/are selected the option to receive the benefit in the form of Annuity payable as per option No……. and we have approved the said option for the Beneficiary. Accordingly, the said Beneficiary is entitled to receive Annuity, as per details mentioned in his / her application.

4. We shall be passing to you, letters of authority to pay, on our behalf and as our agent, to the Beneficiaries of deceased Members the pension payment shown against their names in such letters and we agree and declare that the receipts signed by the said Beneficiary shall be sufficient, valid and legal discharge to you for the payment that may be made by you from time to time in respect of such letters of authority.

5. We hereby agree that, if at any time you are called upon to make payment to the Govt. of India of any sums towards Income Tax and any other taxes and duties in respect of the said Beneficiary in excess of the amounts deducted by the Corporation on the basis of deductions advised by us in the said letters of authority for payments, we shall reimburse the corporation such excess sums on receipts of the appropriate advice from them.

For & on behalf of
BSNL Employees Superannuation Pension Fund Trust

Trustee
The Manager (P&GS),
LIC of India,
Delhi Divisional Office-1,
Jeevan Prakash, 6th & 7th Floor,
25, Kasturba Gandhi Marg,
New Delhi-110001

Dear Sir,

Ref: Master Policy No. ______________

We do hereby direct, authorize & empower you to pay Annuity on our behalf and as our agent to Mr./Ms ______________, as beneficiary of the deceased member ______________ who died on ____________, after deduction of Income Tax and other taxes & duties, particulars of which are given as under.

1. Membership No.  
2. Name of beneficiary  
3. Address of the beneficiary  
4. Amount of Pension

We hereby admit and acknowledge that the above mentioned payment which shall be made by you shall be in full settlement of payments due to us and we hereby declare that receipts signed by the payee shall be sufficient, valid and legal discharge to you for the respective payments made to him / her and shall be fully binding on us as if the payments had been made to us and the receipts signed by us.

For & on behalf of
BSNL Employees Superannuation Pension Fund Trust

Trustee

(Signature of the Annuitant)
* Delete whichever is not required.

1. Name
2. HRMS No :
3. Pension Account No. :
4. Permanent Address :
5. Date of Appointment:
6. Date of entry into the Scheme:
7. Date of Death:  
   (Attach copy of Death Certificate, duly attested by nominee / Beneficiary)
8. Date of Birth:
9. Name of Spouse:
10. Details of Nominee/ Beneficiaries:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of Nominee</th>
<th>Address of Nominee</th>
<th>Relationship with Member</th>
<th>Date of Birth of Nominee</th>
<th>Proportion by which Pension will be shared</th>
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$^{5}$ (attach self-attested copy of date of birth of nominee)

11. Option to choose pension
   i) Annuity for life
   ii) Annuity for life with return of Capital (ROC)
   iii) Annuity for 5 years certain & Life thereafter
   iv) Annuity for 10 years certain & Life thereafter
   v) Annuity for 15 years certain & Life thereafter
   vi) Annuity for 20 years certain & Life thereafter
   vii) Annuity for life increasing at a simplest rate of 3% p.a.
   viii) Annuity for life with a provision for 50% of the annuity payable to the spouse on death of the annuitant
   ix) Annuity for life with a provision for 100% of the annuity payable to the spouse on death of the annuitant
x) Annuity for life with a provision for 100% of the annuity payable to the spouse on death of the annuitant with return of purchase price on death of last annuitant

12. Mode of payment of pension: __________ (Monthly/Quarterly/Half-yearly/Yearly)

13. Mode of Annuity Payment: * By NEFT transfer

Encls: 1. DoB Certificate of Nominee
2. NEFT form

(Signature of Beneficiary / Nominee)

To be completed by A/Cs / Pay Roll

14. Remittance particulars after last schedule i.e. as on 31st March of the Preceding Year

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
<th>Employer Share of Contribution</th>
<th>Employee Share of Contribution</th>
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<tbody>
<tr>
<td>April</td>
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<tr>
<td>February</td>
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The particulars at Sl. No. 1 to 10 have been verified at our end and we certify that these are correct.

Signature with Seal
Head of the Office

Trustee,
BSNL Employees Superannuation Pension Fund Trust

LIFE INSURANCE CORPORATION OF INDIA
P & GS DEPTT, JEEVAN PRAKASH, 25 K G MARG, NEW DELHI 110001;
PH NO (011)23350678, 23314970, 23354984, TOLL FREE 1800118899

OPTION FOR ANNUITY PAYMENT BY NEFT
The following is a confirmation of my bank account details and I hereby affirm my choice to opt for payment of annuity through NEFT. I understand that LIC OF INDIA also reserves the right to send the annuity payable to me by a physical cheque on account of any unforeseen circumstances beyond the control of LIC of INDIA, that may affect payment of annuity through NEFT.

Name of Beneficiary:

Bank Name-

Bank Branch-

Bank Account type (SB/ Current)-

Bank Account Number-

IFSC Code (For NEFT Payment) -
In case NEFT /IFSC code is not printed on your cheque, kindly obtain it from your bankers.

(Please attach a blank cancelled cheque or photocopy of your bank cheque with above particulars.)

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold LIC responsible. I agree to discharge the responsibility expected of me as a participant under the scheme.

Land Line of Beneficiary - Mobile No of Beneficiary -

Email-id of Beneficiary - PAN No of Beneficiary -

Date- Signature of Beneficiary

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

Certification by the Bank

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

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

Bank Stamp Signature of authorised signatory

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

NOMINATION

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

<table>
<thead>
<tr>
<th>Name &amp; Address of the Nominee</th>
<th>Relationship</th>
<th>Date of Birth</th>
<th>Percentage of Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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</tr>
</tbody>
</table>

Alternate Nominees

<table>
<thead>
<tr>
<th>Name &amp; Address of the Nominee</th>
<th>Relationship</th>
<th>Date of Birth</th>
<th>Percentage of Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td></td>
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<tr>
<td>2.</td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name &amp; Address of the Appointee</th>
<th>Relationship</th>
<th>Date of Birth</th>
<th>Signature of the Appointee</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name &amp; Address of the Spouse</th>
<th>Date of Birth</th>
<th>Signature of the Appointee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship</td>
<td></td>
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</tr>
</tbody>
</table>

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

Place :
Date :  

Signature of Member / Annuitant

Counter Signature by the Trustees:
Signature of the Trustees :  
Seal of the Trustees :
DISCHARGE RECEIPT

Received a sum of ₹_________ (Rupees__________________ only)

from LIC in full and final Settlement of Mr./Ms._________________________ HRMS No.__________________ and his/her claims and demands under Master Policy No.__________________ on his death on ________.

Date:

Place:

Signature of the Beneficiary across Revenue stamp

Name of the Beneficiary: _____________________________

WITNESS:

SIGNATURE____________________________________

NAME________________________________________

ADDRESS_____________________________________

______________________________________________

For & on behalf of

BSNL Employees Superannuation Pension Fund Trust

Trustee
DISCHARGE RECEIPT

Received a sum of ₹________ (Rupees__________________________ only)

from LIC in full and final Settlement of Mr./Ms._________________________ HRMS No.__________________ and his/her claims and demands under Master Policy No. ________________ on his death on __________.

Date :

Place : 

Signature of the Beneficiary across Revenue stamp

Name of the Beneficiary: _____________________________

WITNESS:

SIGNATURE___________________________

NAME ________________________________

ADDRESS _____________________________

For & on behalf of

BSNL Employees Superannuation Pension Fund Trust

Trustee
The Manager (P&GS)
LIC of India
Delhi Divisional Office – 1,
Jeevan Prakash, 6th, 7th Floor,
25, K.G. Marg,
New Delhi – 110 001.

Dear Sir,

Reg: Master Policy No. ________________ – Claim Papers.

Enclosed please find herewith the following documents for Annuity in favour of Mr./Ms._______________________________________________, Pension A/c No. _______________, Member.

a) Form C – Letter to LIC
b) Form N – Letter of Authority
c) Application of Pension
d) Nomination Form
e) Two advance discharge receipts

Encls: As above

For and on behalf of
BSNL Employees Superannuation Pension Fund Trust

Trustee
BSNL Employees Superannuation Pension Fund Trust

FORM-C

ON THE EXIT OF MEMBER FROM THE SERVICES OF BSNL
(OTHER THAN EXIT DUE TO DEATH)

No. BSNL/ Dated:

The Manager (P&GS),
L.I.C. of India,
P & GS Deptt., 6th & 7th Floor,
25- Kasturba Gandhi Marg,
New Delhi-110001

Dear Sir

Ref: Master Policy No. _____________________.

We hereby give you notice that Mr./Ms. _____________________________________, has left the services of BSNL on account of  Retirement/ Resignation/ Pre-matured retirement/ VRS/ Leaving service on account of Total Permanent Disablement or Sudden Disappearance/ Completion of tenure of Board Level Appointees on _______. The said member has selected the option to receive the benefit in the form of Annuity payable as per option No. ________. We have approved the said option for the member. Accordingly, the said member is entitled to receive the annuity. The details of the member are given in the enclosed application of Pension.

We shall be passing to you, letters of authority to pay, on behalf and as our agent, to the Members who have left the service, the pension shown against their names in such letters and we agree and declare that the receipts signed by the said Member shall be sufficient, valid and legal discharge to you for the payment that may be made by you from time to time in respect of such letters of authority.

We hereby agree that, if at any time you are called upon to make payment to the Govt. of India any sums towards Income Tax and any other taxes and duties in respect of the said Member in excess of the amounts deducted by the Corporation on the basis of deductions advised by us in the said letters of authority for payments, we shall reimburse the corporation such excess sums on receipts of the appropriate advice from them.

Upon the death of the Member the outstanding installment of the pension, if any, or the balance of the guaranteed installments of pension, if any, shall be paid to us or under our instructions, to the nominee of the Member as intimated by us.

For and on behalf of

BSNL Employees Superannuation Pension Fund Trust

Trustee
BSNL Employees Superannuation Pension Fund Trust

(LETTER OF AUTHORITY FOR PAYMENT OF ANNUITY - OTHER THAN DEATH CASES)

No. BSNL/  Date:

The Manager (P&GS),
LIC of India,
Delhi Divisional Office-1,
Jeevan Prakash, 6th & 7th Floor,
25, Kasturba Gandhi Marg,
New Delhi-110001

Dear Sir

Ref: Master Policy No. ________________.

We do hereby direct, authorize & empower you to pay Annuity on our behalf and as our agent to Mr./Ms _______________________, who left BSNL on ______________ on account of ______________________________ (Retirement/ Resignation/ Pre-matured retirement/ VRS/ Leaving service on account of Total Permanent Disablement or Sudden Disappearance/ Completion of tenure of Board Level Appointees) particulars of which are given as under:

<p>| | |</p>
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<tbody>
<tr>
<td>1.</td>
<td>Membership No.</td>
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<td>2.</td>
<td>Name</td>
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<td>3.</td>
<td>Address of the member</td>
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<tr>
<td>4.</td>
<td>Amount of Pension</td>
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</table>

We hereby admit and acknowledge that the above mentioned payment which shall be made by you shall be in full settlement of payments due to us and we hereby declare that receipts signed by the payee shall be sufficient, valid and legal discharge to you for the payments made to him / her and shall be fully binding on us as if the payments had been made to us and the receipts signed by us.

For and on behalf of

BSNL Employees Superannuation Pension Fund Trust

Trustee

(Signature of the Annuitant)
BSNL Employees Superannuation Pension Fund Trust

APPLICATION OF PENSION ON
(Retirement/ Resignation/ Pre-matured retirement/ VRS/ Leaving service on account of Total Permanent Disablement or Sudden Disappearance/ Completion of tenure of Board Level Appointees)

* Delete whichever is not required.

1. Name
2. HRMS No. :
3. Pension Account No. :
4. Permanent Address :

5. Date of Appointment :
6. Date of entry into the Scheme :
7. Date of exit:
8. Mode of exit (Specify) :
   *(Retirement/ Resignation/ Pre-matured retirement/ VRS/ Leaving service on account of Total Permanent Disablement or Sudden Disappearance/ Completion of tenure of Board Level Appointees)*

9. Date of Birth :

10. Details of Nominee :

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of Nominee</th>
<th>Address of Nominee</th>
<th>Relationship with Member</th>
<th>Date of Birth of Nominee</th>
<th>Proportion by which Pension will be shared</th>
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5 (attach self-attested copy of date of birth of nominee)

11. Option to choose pension
   i) Annuity for life
   ii) Annuity for life with return of Capital (ROC)
   iii) Annuity for 5 years certain & Life thereafter
   iv) Annuity for 10 years certain & Life thereafter
   v)  Annuity for 15 years certain & Life thereafter
   vi) Annuity for 20 years certain & Life thereafter
   vii) Annuity for life increasing at a simplest rate of 3% p.a.
viii) Annuity for life with a provision for 50% of the annuity payable to the spouse on death of the annuitant
ix) Annuity for life with a provision for 100% of the annuity payable to the spouse on death of the annuitant
x) Annuity for life with a provision for 100% of the annuity payable to the spouse on death of the annuitant with return of purchase price on death of last annuitant

12. Mode of payment of pension: __________ (Monthly/Quarterly/Half-yearly/Yearly)

13. Mode of Annuity Payment: * By NEFT transfer.

Encls: 1. DOB Certificate of Nominee
   2. NEFT Mandate form
   (Signature of Member)

To be completed by A/Cs / Pay Roll

14. Remittance particulars after last schedule i.e. as on 31st March of the Preceding Year

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
<th>Employer Share of Contribution</th>
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</table>

The particulars at Sl. No. 1 to 9 have been verified at our end and we certify that these are correct.

Signature with Seal
Head of the Office

Trustee
BSNL Employees Superannuation Pension Fund Trust
( To be completed by the Annuitant and Countersigned by the Trustees )

NOMINATION

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

<table>
<thead>
<tr>
<th>Name &amp; Address of the Nominee</th>
<th>Relationship</th>
<th>Date of Birth</th>
<th>Percentage of Share</th>
</tr>
</thead>
<tbody>
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<td>2.</td>
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</tbody>
</table>

Alternate Nominees
1. 
2. 

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

<table>
<thead>
<tr>
<th>Name &amp; Address of the Appointee</th>
<th>Relationship</th>
<th>Date of Birth</th>
<th>Signature of the appointee</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name &amp; Address of the Spouse</th>
<th>Date of Birth</th>
<th>Signature of the appointee</th>
</tr>
</thead>
</table>

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

Place :
Date :

Signature of Member / Annuitant

Counter Signature by the Trustees :
Signature of the Trustees :

Seal of the Trust
OPTION FOR ANNUITY PAYMENT BY NEFT

The following is a confirmation of my bank account details and I hereby affirm my choice to opt for payment of annuity through NEFT. I understand that LIC OF INDIA also reserves the right to send the annuity payable to me by a physical cheque on account of any unforeseen circumstances beyond the control of LIC OF INDIA, that may affect payment of annuity through NEFT.

Name of Annuitant:

Bank Name-

Bank Branch-

Bank Account type (SB/ Current)-

Bank Account Number-

IFSC Code (For NEFT Payment) -
In case NEFT /IFSC code is not printed on your cheque, kindly obtain it from your bankers.

(Please attach a blank cancelled cheque or photocopy of your bank cheque with above particulars.)

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold LIC responsible. I agree to discharge the responsibility expected of me as a participant under the scheme.

Land Line of Annuitant -

Email-id of Annuitant -

Mobile No of Annuitant -

PAN No of Annuitant -

Date- 

Signature of Beneficiary

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

Certification by the Bank

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

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

Bank Stamp 
Signature of authorised signatory
Discharge Receipt

Received a sum of ₹_________ (Rupees_______________________________
____________________________________________________________________ only) from LIC in full and final Settlement of Mr./Ms._____________________________
HRMS No. _____________and his/her claims and demands under Master Policy No.
______________________ on _________ (Retirement/ Resignation/ Pre-matured retirement/ VRS/ Leaving service on
account of Total Permanent Disablement or Sudden Disappearance/ Completion of tenure as Board Level Appointee) from the
services of BSNL on ________.

Date :

Place :

Signature of the Member across Revenue stamp

Name of the member: _______________________________

Witness:

Signature___________________________

Name ________________________________
Address _______________________________

For and on behalf of

BSNL Employees Superannuation Pension Fund Trust

Trustee
DISCHARGE RECEIPT

Received a sum of ₹ ____________ (Rupees_______________________________ only) from LIC in full and final Settlement of Mr./Ms.______________________________ HRMS No. _____________ and his/her claims and demands under Master Policy No. ______________ on ____________ (Retirement/ Resignation/ Pre-matured retirement/ VRS/ Leaving service on account of Total Permanent Disablement or Sudden Disappearance/ Completion of tenure as Board Level Appointee ) from the services of BSNL on ________.

Date :

Place :

Signature of the Member across Revenue stamp

Name of the member: _____________________________

WITNESS:

SIGNATURE____________________________________

NAME________________________________________

ADDRESS______________________________________

______________________________________________

For and on behalf of
BSNL Employees Superannuation Pension Fund Trust

Trustee
FORM OF APPOINTMENT OF BENEFICIARY UNDER THE RULES OF
BSNL Employees Superannuation Pension Scheme

I, _________________________ a member of BSNL Employees Superannuation Pension Scheme,
hereby appoint in terms of the Rules headed “APPOINTMENT OF BENEFICIARY” in the Rules
governing the Scheme my (Relationship) __________________ named
_____________________________________________ aged ____ years and whose address is
_____________________________________________________
_____________________________________________________
as the person to whom the moneys payable under the Rules of the Scheme shall be paid in the event of my death.

Signed at __________ this ______ day of _______ 20 _______

SIGNATURE OF MEMBER
Name:
HRMS No.:
Address Office:

Address Residential:

WITNESS BY :
1. Signature : ____________________________
2. Name : ______________________________
3. Address : _____________________________