



## FORM C

### TO BE COMPLETED BY TRUSTEES ON LEAVING SERVICE/ RETIREMENT OF MEMBER

The Manager,  
Life Insurance Corpn. Of India,  
P&GS Department, 7<sup>th</sup> Floor,  
25, Kasturba Gandhi Marg,  
New Delhi-110001.

Reg; - Master Policy No. GSCA/320198

Name of Member: Mr./ Ms. \_\_\_\_\_

Employee No. \_\_\_\_\_ LIC ID No. \_\_\_\_\_

Dear Sir,

We hereby give you notice that the above member has left/retired from the services of NACIL with effect from DOR and in accordance with the option exercised by him, he is entitled to receive from the said date a pension of Rs \_\_\_\_\_ (Rupees \_\_\_\_\_) payable as per option exercised option No. \_\_\_\_\_. First installment of pension becomes due on \_\_\_\_\_.

We shall be passing to you, every year, letter of authority to pay on behalf and as our agent to the members who have left the service / retired from service (including the above member and the beneficiaries of deceased members), 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 letter of authority.

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 member in excess of the amounts deducted by the Corporation on the basis of deductions advised by us in the said letter of authority for payments, we shall reimburse the Corporation such excess sums on receipt 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.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

(SIGNATURE OF TRUSTEES)

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