



THDC India Limited Employee's Defined Contribution Superannuation Pension Trust
List of forms under master policy no. NGSCA 2004 4240 with LIC

Form No.	Forms Descriptions	Documents to be submitted along with Forms
A	At a time of submission of application by retired employee or spouse for pension option A to H . (Page No. 01 to 05)	a) Aadhar Card of employee, spouse and nominees.
		b) Proof of Date of Birth for spouse and nominees.
		c) PAN Card of employee and spouse.
		d) Form 60 in case of PAN is not available.
		e) CTS cancelled original cheque leaf or photocopy of first page of Bank passbook and updated last entry of passbook.
		f) Death certificate if employee was expired.
		g) Office Order of retirement.
B	ROC (Return of Capital) after death of employee and spouse as the case may be whose annuity has issued earlier under pension option A or H . (Page No. 06 to 10)	a) Death Certificate of employee / spouse.
		b) Application Form No. GA as claimant statement by spouse / each nominee for option A & each nominee for option H .
		c) Discharge voucher by each nominee/ spouse.
		d) Mandate for electronic payment mode of application for bank by each nominee / spouse.
		e) Notarized Affidavit on Non Judicial Stamp Paper of ₹ 100/- with photo by each nominee / spouse.
		f) Aadhar Card of beneficiaries.
		g) PAN Card of beneficiaries.
		h) Form 60 in case of PAN is not available.
		i) CTS cancelled original cheque leaf or photocopy of first page of Bank passbook and updated last entry page of passbook by each nominee / spouse.
		C
b) Mandate for electronic payment mode of application for bank by spouse.		
c) CTS cancelled original cheque leaf or photocopy of first page of Bank passbook and updated last entry page of passbook of spouse.		
d) PAN Card of spouse.		
e) Form 60 in case of PAN is not available.		
f) Aadhar Card of spouse.		
g) Death certificate of employee.		
D	For Transfer In of fund to Trust from other CPSE (Submitted through P&A Department authorized officer with seal) (Page No. 14)	Form No. D (with a letter address to THDCIL Pension Trust)
E	Due to non existence of both employee and his / her spouse (sudden death / divorce) where nomination under THDC Pension scheme 2016 is not done by employee during his / her service time, the accumulated fund with trust is distributed to the employee's relative. (Submitted through P&A Department authorized officer with seal) (Page No. 15 to 20)	a) Application Form No. GA as claimant statement by each legal heir / successor.
		b) Discharge voucher by each legal heir / successor.
		c) Mandate for electronic payment mode of application for bank by each legal heir / successor.
		d) Notarized Affidavit on Non Judicial Stamp Paper of ₹ 100/- with photo by each legal heir / successor.
		e) PAN and Aadhar Card of successor.
		f) Form 60 in case of PAN is not available.
		g) CTS cancelled original cheque leaf or photocopy of first page of Bank passbook and updated last entry page of passbook by each legal heir / successor.
		h) Succession certificate required if Form-F is not available or Form-G is not provided by P&A Department.
F	Nomination and declaration form under THDC Pension scheme 2016. (Submitted through P&A Department authorized officer with seal) (Page No. 21)	Form-F (Submitted by employee during his / her service period).
G	Declaration by P&A Department regarding nominee / legal heir of the deceased employee where nomination was not made by employee before death under THDC Pension scheme 2016. (Submitted through P&A Department authorized officer with seal) (Page No. 22)	Form-G (Provided by P&A Department only)



FORM - A
THDC India Limited Employee's Defined
Contribution Superannuation Pension Trust

THDC India Limited Employee's
Defined Contribution Superannuation Pension Trust

Emp. No. Date of Separation of Member:

Life Insurance Corporation of India
Pension & Group Scheme Unit, LIC Building, 2nd Floor,
New Connaught Place, Dehradun-248001.

Annexure of Master Proposal

Name of Fund : THDC India Limited Employee's Defined
Contribution Superannuation Pension Trust
Group Annuity Policy No : NGSCA 2044 4240

Particulars of the members / beneficiaries on whose life Annuity is to be affected.

Sl. No.	Particulars	Sl. No.	Particulars
1.	Name of Member	8.	Gross Corpus (includes interest on delayed settlement if any)
2.	Designation / CPF No/ LIC ID/ Reason of separation	9.	Commutation Amount <small>Not allowed as per MoP D.O no. 11/13/2014-H.1/18.03.2016</small>
3.	Permanent Address & Contact No.	10.	Amount Payable to Insurer – Single premium (Net Corpus) (8-9)
4.	Gender / DOB of member	11.	Pension Payable Yearly / Half/ Quarterly / Monthly
5.	Nationality	12.	Due date of first pension start
6.	Gender / DOB of beneficiary	13.	Name of Joint life Annuitant / %share/ DOB
7.	Annuity opted & description	14.	Do you desire payment of pension to be made to the member / beneficiary directly ?
15.	ROC Nominee's with % of share:		

We here by propose for Annuities on the lives of the above-mentioned members / beneficiaries in accordance with the Rules of the fund and confirm the accuracy of the above particulars and agree that the said particulars shall form the basis of Annuities to be effected by the insurer.

Authorized Signatory
THDC India Limited Employee's
Defined Contribution Superannuation
Pension Trust

Authorized Signatory
THDC India Limited Employee's
Defined Contribution Superannuation
Pension Trust



THDC India Limited Employee's Defined Contribution Superannuation Pension Trust

Form - A

Application Form for pensionary benefits under
THDC India Limited Employee's
Defined Contribution Superannuation Pension Scheme

A. Particulars of the claimant (member / beneficiary)

- A1. Full Name of Member :
- A2. Staff No. / CPF No. / LIC ID :
- A3. Designation with Unit/ Project Name :
- A4. Date of Birth :
- A5. Date of joining regular Service on THDCIL :
- A6. Date of joining of Scheme :
- A7. Date of Cessation from employment :
- A8. Nature of Cessation from employment :

B. Options / Nomination of the Claimant

- B1. Option for commutation of benefit : Not allowed as per MoP D.O no., 11/ 13/ 2014-
H.I/ 18.03.2016
- B2. Option for Annuity Scheme :
- B3. Option for Insurer (with LIC or Others) :
- B3 (i). Pension Yrly/ Half yrly./ Qtrly./ Monly :
- B4. Details of Spouse
- (a) Spouse Name :
- (b) Gender :
- (c) Date of Birth of Spouse :

(Attach birth certificate or any other standard age proof)

B5. Nominations for family members to receive Return of Capital (if applicable) or the balance period pension

Name	Address	Sex	Date of Birth	Relation of Claimant	% age share to Nominees



THDC India Limited Employee's Defined Contribution Superannuation Pension Trust

Form - A

C. Details of Bank Account, PAN and Address of the claimant

C1. Details of Bank Account for the purpose of payment of Commuted value / monthly annuity (cancelled blank cheque must be attached)	Account No.	:
	IFSC Code	:
	Branch & Address	:
	Bank Name	:
C2. Address of correspondence*	C/o	:
	House & Street No.	:
	Location	:
	City	:
	District	:
	State	:
	Pin code	:
	Contact No.	:
C3. Permanent Account Number (PAN) —copy enclose:		

Date:

Signature of the Member/ Beneficiary

Name: _____

* Any change in address for correspondence should be intimated to GM(P&A) and Secretary, THDCIL Pension Trust, THDC India Limited, Ganga Bhawan, Pragatipuram, Bye-pass Road Rishikesh 249201

Enclosure:

1. Specimen signatures of the member / beneficiaries duly attested.
2. Proof of Death/ Permanent Total Disablement as the case may be.
3. Birth certificate or any other standard age proof of the nominee (Tick which ever is applicable)

Ganga Bhawan, Pragatipuram Bye-Pass Road, Rishikesh 249201, Uttarakhand



THDC India Limited Employee's Defined Contribution Superannuation Pension Trust

Form-A

Enclosure I

SPECIMEN SIGNATURES OF THE MEMBER / CLAIMANT AND / OR HIS / HER NOMINEE

(To be submitted in duplicate)

Signatures are to be attested by designated authority **

	Name	Signature	Signature
Member/ Claimant CPF No.			
Nominee/ Beneficiary			
Nominee/ Beneficiary			
Nominee/ Beneficiary			

Signatures attested

Signature with seal of Attesting Officer

(To be submitted in duplicate)

Signatures are to be attested by designated authority **

	Name	Signature	Signature
Member/ Claimant CPF No.			
Nominee/ Beneficiary			
Nominee/ Beneficiary			
Nominee/ Beneficiary			

Signatures attested

Signature with seal of Attesting Officer

** This is to be attested by an officer of THDCIL with his official seal and date.

Ganga Bhawan, Pragatipuram Bye-Pass Road, Rishikesh 249201, Uttarakhand



THDC India Limited Employee's Defined Contribution Superannuation Pension Trust

Form-A

Annuity/Pension Options Provided by LIC:-

S No.	OPTION NAME	OPTION DETAIL
1.	A.	A. Pension for life with Return of Capital (ROC)
2.	B.	B. Pension for Life
3.	C.	C. Pension for 5 Years certain & Life thereafter
4.	D.	D. Pension for 10 Years certain & Life thereafter
5.	E.	E. Pension for 15 Years certain & Life thereafter
6.	F.	F. Pension for 20 Years certain & Life thereafter
7.	G.	G. Pension for life with a provision for 100% of the Pension payable to the spouse on death of annuitant.
8.	H.	H. Pension for life with a provision for 100% of the Pension payable to the spouse on death of annuitant with return of Capital (ROC) purchase price on death of last annuitant.

Service Tax together with the educational cess shall be payable on annuities purchased under the scheme as per the prevailing service tax rate.

Current rate of service tax including educational cess is 3.50 % of purchase price.

Illustration:-

Retirement Age: - 60 years

Accumulated Corpus: - Rs 25,00,000

Service Tax on Corpus:- Rs 87,500.00

(Prevailing Rate 3.50 %)

Annuity Payable under different Options (For Corpus Rs 2500000 & above):-

Option	Yly.	Hly.	Qly.	Mly.
A.	192125	93438	46156	15250
B.	249375	121313	59906	19813
C.	247125	120313	59406	19646
D.	241875	118063	58344	19271
E.	235125	114813	56719	18771
F.	227125	110938	54844	18146
G.	215625	105313	52094	17229
H.	189625	92563	45781	15125

Ganga Bhawan, Pragatipuram Bye-Pass Road, Rishikesh 249201, Uttarakhand

Form - B

Page 1 of CLAIM FORM No GA

LIFE INSURANCE CORPORATION OF INDIA
PENSION & GROUP SCHEMES DEPARTMENT, DEHRADUN

Master Policy No. 20444240

CLAIMANT'S STATEMENT

(Applicable to Scheme which do not involve life cover)

(To be completed by the Master Policy holders i.e. Trustees of the scheme in case of Gratuity and Superannuation Scheme and the employer in case of other Group Insurance Schemes)

- (i) Name of the Scheme :- *THDCIL Employee's Defined Contribution Superannuation Pension Scheme*
- (ii) Full name and address of the Master Policyholder: - *THDCIL Employee's Defined Contribution Superannuation Pension Trust, Rishikesh*

Annuity No. _____

Full name of the deceased Member:-

Late Sh. _____ LIC Id : _____

- (i) Date of entry into scheme by member:-
(ii) Date of death of member :-
(iii) Cause of death of member :-
(iv) Death Certificate no. with date:-

I/We hereby declare that the answers to all the above questions are true in every respect. I/We enclosed death certificate as a proof of death of the Annuitant.

Signature with name

Nominee(s) :

Relation:

Signature with name

Nominee(s)

Relation:

Note: Documents to be submitted with enclosed Form:

1. All the eligible nominees as per Application Form submitted by Annuitant should put their signature in the Form. In case of absence of any nominee than reason for the same with evidence should be submitted.
2. Copy of Addhaar Card of Nominee (s).
3. In case of any changes in nominee(s) then sufficient documentary evidence for such changes.
4. Affidavit by each nominee duly notarized. (Format of affidavit enclosed)

Form-B

Life Insurance Corporation of India
P&GS, DEHRADUN

DISCHARGE VOUCHER

MASTER POLICY No. 20444240. ANNUITY No. _____

I/We _____
do hereby acknowledge receipt from the LIFE INSURANCE
CORPORATION OF INDIA of the sum of ₹ _____ (Rs.

_____) in full satisfaction and discharge of all my/our claim and demand under
the above policy towards MATURITY CLAIM/DEATH CLAIM/WITHDRAWAL
BENEFIT IN RESPECT OF Assurance effected on the following life/lives:-

- 1.
- 2.
- 3.

Prepared by: _____ Checked by: _____

Dated of _____ this _____ day of _____ 20

Signed by the above mentioned party

In presence of

Witness _____
Designation _____
Address _____

₹1.00 revenue stamp
(Signature of the
Employees nominee)

(To be provided by each nominee)

Secretary
THDCIL Employees Defined
Contribution Superannuation
Pension Trust

Non Judicial Stamp ₹ 100/-

PHOTO

Before Secretary, THDCIL Employees Defined Superannuation Pension Fund, Rishikesh

AFFIDAVIT

Ison/daughter or other (specify)..... of Late
Shri..... & Late Smt.....aged about.....
R/o..... do hereby declared and state of oath as under:

1. That Late Shri/Smt.....S/o./W/o. of Late Smt/ Shri.....
R/o.....was the member of THDCIL Employees Defined
Superannuation Pension Fund with Annuity No..... under Master Policy no. 20444240
and was being the employee of M/s. THDCIL retired as on..... and he/she has expired as
on

2. That Late Smt/ShriW/o./H/o..... has also expired
as on.....

3. That I / alongwith my other below mentioned relatives am /are the legal successor (s) of
my/our parent/grand parent/ Shri/Smtand Smt/ Shri.....,
as such i/ we are legally entitled to receive all the dues against Annuity No.....,
Master Policy No. 20444240 of Late Shri/Smt in my /our
respective bank account(s) as per the share mentioned in the Original Application Form by Late
Shri/Shrimoti.....

4. That I, hereby declare that there are no any other legal & lawful successors of Late
Shri.....and Late Smt is surviving except myself
& the below mentioned persons. The mandate of electronic payment Form with account
no..... & IFS codeis enclosed with a leaf of cancelled CTS
cheque.

The details of the persons entitled to receive the amount ea as under :

Sl. No.	Name	DoB	Addhar no.	Relation	% of Share	Present Status
1.						
2.						
3.						
4.						

Deponent

Form - B

Verification

I, the above named deponent do hereby verify that the contents of paragraph 1 toof the above affidavit are true & correct in my knowledge. Nothing has been concealed thereon.

So help me God.

Deponent

.....

Signature of witness

Name:

Full Address:

Place:

Date:

Phone no. & email:

Signature of Claimant & Photo

Name:

Full Address:

Place:

Date:

Phone no. & email:

Verify by Notary

(Affidavit is to be submitted by each nominee independently)

(Strike out the word which is not applicable)

[Handwritten mark]



**THDC India Limited Employee's Defined Contribution
Superannuation Pension Trust**
Application form for issuing pension against option G or H
Master Policy No. NGSCA-20444240

- 1. Name of Member : Late Sh/Smt.
 - 2. Staff No. :
 - 3. Annuity No. :
 - 4. Death Certificate No. : (Copy enclosed) .
 - 5. Option opted at the time of purchase of annuity by employee (G or H) :
 - 6. Name of nominee (spouse) :
 - 7. Date of Birth (spouse) :
 - 8. Aadhar Card No. (spouse)copy enclosed) :
 - 9. PAN No. (spouse)/ Form No. 60 (if PAN is not available)(copy enclosed) :
 - 10. Bank Detail
 - a) Bank Name :
 - b) Bank Account No. :
 - c) IFSC Code :
 - d) Branch Address :
 - e) 01-CTS Cancelled cheque (original) :
 - 11. Complete Correspondence Address :
.....
.....
- Phone No/Mobile No.

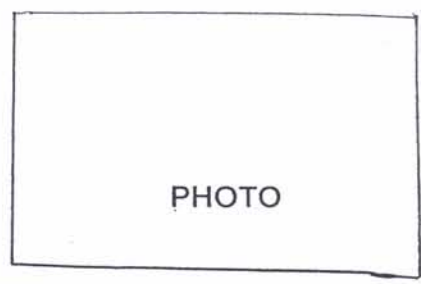
Declaration

I do hereby declare that the content of Sl. No. 01 to 11 of the application form are true and correct in my best of knowledge. Kindly allow me to draw the pension as per above.

Date:

(Signature of Applicant)

Form - C



AFFIDAVIT (NJS not below Rs.10.00)

I Mr./Mrs. spouse of Late Shri /Srimoti.....aged about R/o....., Addhar no..... (copy enclosed) do hereby state on oath as under :-

1. Shri/Smt.....has expired onand was the member of THDCIL Employees Defined Superannuation Pension Fund with Annuity No..... under Master Policy no. 20444240. The attested / notarised Death Certificate vide no.....dated..... issued byis enclosed.
2. Myself is the legal successor of my husband/wife and the pension against Annuity No....., Master Policy No. 20444240 of Late Shri/Shrimoti..... is remitted to my bank account.
3. The mandate of electronic payment Form with Name of Bank..... account no..... & IFS codeis enclosed with a leaf of cancelled CTS cheque.

I, the above named do hereby verify that the contents of the above affidavit is true & correct in my knowledge. Nothing has been concealed thereon. So help me God.

.....
Signature of witness
Name:
Full Address:

.....
Signature of Spouse
Name:
Full Address:

Place:
Date:
Phone no. & email:

Place:
Date:
Phone no. & email:

Verify by Notary
(Strike out the word which is not applicable)

fm



THDC India Limited Employee's Defined Contribution Superannuation Pension Trust

In case of employees joined THDCIL from other CPSU and wanted to transfer Pension Fund from previous CPSU to THDCIL then Employee will fill up the following form with an application:

Annexure-A

Name, Staff No., Unit, who has furnished the below details:-

Sl.No.	Particulars of Current Employment:	
1.	Name of the Pension Fund where fund will transfer	THDCIL Employees Defined Contribution Superannuation Pension Trust
2.	Master Policy No.	NGSCA 2044 4240
3.	Fund Manager	Life Insurance Corporation of India
4.	Address of the Fund Manager with phone no. & email.	Life Insurance Corporation of India, Pension & Group Scheme Unit, LIC Building IInd Floor, New Cannaught Place, Dehradun, Uttarakhand 248001 Ph: 0135-2711541, 2715793 Email: bo_g204@licindia.com
5.	Bank Details (In case of RTGS/NEFT, information shall be passed on to Trust for identification of fund with concerned employee)	In favour: THDC India Limited Employees Defined Contribution Superannuation Pension Trust
		Bank: Punjab National Bank
		Address: Laxman Jhula Road, Rishikesh, Dehradun UK 249002
		A/c No.: 3714000110051517
		IFSC Code: PUNB0371400
6.	Name of the Present Employer:	M/s THDC India Limited
7.	Address of the employer	Ganga Bhawan, Finance & Accounts Department, Pragaitpuram, Rishikesh, Uttarakhand 249201

Annexure-B

Pension Fund Transfer From:

Sl.No.	Particulars of Previous Employment:	
1.	Name of the Pension Fund from where fund will transfer	
2.	Master Policy No.	
3.	Fund Manager	
4.	Address of the Fund Manager with phone no. & email.	
5.	Name of the Previous Employer:	
6.	Address of the Previous Employer	
7.	Name of the Employee	
8.	Employee No.	
9.	LIC ID No. (if any)	
10.	Employer Share	₹
11.	Employee Share	₹

1. Letter to Previous CPSU's Trust & Fund Manager with this Form
2. Letter to Present THDCIL Trust & Fund Manager with this Form

(Authorised Signatory)
with seal and designation
for Annexure B



Form - E
(Annexure-I)

**THDC India Limited Employee's
Defined Contribution Superannuation Pension Trust**
Master Policy No. NGSCA 2044 4240

Due to non existence of both Employee & his/her spouse (sudden death/divorce) where nomination under THDCIL Employees Defined Contribution Superannuation Pension Scheme 2016 is not done by employee during his/her service time, the accumulated Fund with Trust is distributed to the employee's relative is as below :

1. Name of Employee.....
2. Employee No.....
3. Unit/Project with designation.....
4. Date of Birth
5. Date of Joining.....
6. Date of Death of Employee.....
7. Death Certificate no with date (employee).....(copy enclosed)
8. Name of Spouse.....
9. Death/Divorce date of spouse.....
10. Death Certificate no./Divorce order with date (spouse).....(copy enclosed)
11. Succession Certificate no./order with date..... (copy enclosed)
12. Name of legal Guardian, if beneficiary is/are minor, with documentary evidence.....
13. Name of Members to whom Fund is to be released as per succession certificate/legal guardian document :
 - a. Name.....Relationship.....%..... Amt.....Aadhar no.....
 - b. Name..... Relationship..... %..... Amt..... Aadhar no.....
14. Enclosed following Form : (i) Claim Form No. GA, (ii) Discharged Voucher, (iii) Electronic Mode Application Form, (iv) Notarized Affidavit at Rs.100/ in NJSP, (v) Copy of PAN & Aadhar (successor).

Signature with seal & date of P&A Officer
Name of Officer & Unit/Project

LIFE INSURANCE CORPORATION OF INDIA
PENSION & GROUP SCHEMES DEPARTMENT, DEHRADUN
Master Policy No. 20444240
CLAIMANT'S STATEMENT

(Applicable to Scheme which do not involve life cover)

(To be completed by the Master Policy holders i.e. Trustees of the scheme in case of Gratuity and Superannuation Scheme and the employer in case of other Group Insurance Schemes)

- (i) Name of the Scheme :- *THDCIL Employee's Defined Contribution Superannuation Pension Scheme*
- (ii) Full name and address of the Master Policyholder: - *THDCIL Employee's Defined Contribution Superannuation Pension Trust, Rishikesh*

Annuity No. _____

Full name of the deceased Member:-

Late Sh. _____ LIC Id : _____

- (i) Date of entry into scheme by member:-
(ii) Date of death of member :-
(iii) Cause of death of member :-
(iv) Death Certificate no. with date:-

I/We hereby declare that the answers to all the above questions are true in every respect. I/We enclosed death certificate as a proof of death of the Annuitant.

Signature with name
Nominee(s) :
Relation:

Signature with name
Nominee(s)
Relation:

Note: Documents to be submitted with enclosed Form:

1. All the eligible nominees as per Application Form submitted by Annuitant should put their signature in the Form. In case of absence of any nominee than reason for the same with evidence should be submitted.
2. Copy of Addhaar Card of Nominee (s).
3. In case of any changes in nominee(s) then sufficient documentary evidence for such changes.
4. Affidavit by each nominee duly notarized. (Format of affidavit enclosed)

Form - E

Life Insurance Corporation of India
P&GS, DEHRADUN

DISCHARGE VOUCHER

MASTER POLICY No. 20444240. ANNUITY No. _____

I/We _____
do hereby acknowledge receipt from the LIFE INSURANCE
CORPORATION OF INDIA of the sum of ₹ _____ (Rs.

_____) in full satisfaction and discharge of all my/our claim and demand under
the above policy towards MATURITY CLAIM/DEATH CLAIM/WITHDRAWL
BENEFIT IN RESPECT OF Assurance effected on the following life/lives:-

- 1.
- 2.
- 3.

Prepared by: _____ Checked by: _____

Dated of _____ this _____ day of _____ 20

Signed by the above mentioned party

In presence of

Witness _____

Designation _____

Address _____

₹1.00 revenue stamp

(Signature of the

Employees nominee)

(To be provided by each nominee)

[Handwritten signature]

[Handwritten signature]

Secretary
THDCIL Employees Defined
Contribution Superannuation
Pension Trust

Non Judicial Stamp ₹ 100/-

PHOTO

Before Secretary, THDCIL Employees Defined Superannuation Pension Fund, Rishikesh

AFFIDAVIT

Ison/daughter or other (specify)..... of Late
Shri..... & Late Smt.....aged about.....
R/o..... do hereby declared and state of oath as under:

1. That Late Shri/Smt.....S/o./W/o. of Late Smt/ Shri.....
R/o.....was the member of THDCIL Employees Defined
Superannuation Pension Fund with Annuity No..... under Master Policy no. 20444240
and was being the employee of M/s. THDCIL retired as on..... and he/she has expired as
on

2. That Late Smt/ShriW/o./H/o..... has also expired
as on.....

3. That I / alongwith my other below mentioned relatives am /are the legal successor (s) of
my/our parent/grand parent/ Shri/Smtand Smt/ Shri.....,
as such i/ we are legally entitled to receive all the dues against Annuity No.....,
Master Policy No. 20444240 of Late Shri/Smt in my /our
respective bank account(s) as per the share mentioned in the Original Application Form by Late
Shri/Shrimoti.....

4. That I, hereby declare that there are no any other legal & lawful successors of Late
Shri.....and Late Smt is surviving except myself
& the below mentioned persons. The mandate of electronic payment Form with account
no..... & IFS codeis enclosed with a leaf of cancelled CTS
cheque.

The details of the persons entitled to receive the amount ea as under :

Sl. No.	Name	DoB	Addhar no.	Relation	% of Share	Present Status
1.						
2.						
3.						
4.						

Deponent

Form - E

Verification

I, the above named deponent do hereby verify that the contents of paragraph 1 toof the above affidavit are true & correct in my knowledge. Nothing has been concealed thereon.

So help me God.

Deponent

.....

Signature of witness

Name:

Full Address:

Place:

Date:

Phone no. & email:

Signature of Claimant & Photo

Name:

Full Address:

Place:

Date:

Phone no. & email:

Verify by Notary

(Affidavit is to be submitted by each nominee independently)

(Strike out the word which is not applicable)

DECLARATION BY P&A DEPTT. REGARDING NOMINEE/LEGAL HEIR OF THE DECEASED EMPLOYEE WHERE NOMINATION WAS NOT MADE BY EMPLOYEE BEFORE DEATH UNDER THDCIL EMPLOYEE'S DEFINED CONTRIBUTION SUPERANNUATION PENSION SCHEME 2016.

This is to certified that due to the death of both Late Mr./Mrs..... Employee no..... and his/her spouse Late Mrs./Mr..... without declaration of nominees (*if, Form F is not filed*) under THDC India Limited Employee's Defined Contribution Superannuation Pension Scheme 2016 & Master Policy No. NGSCA – 20444240 with LIC, Return on Capital (ROC) is to be released to the following nominees/legal heir as per the record of P&A department:

1. Name..... Relation..... % of Share..... DoB.....
2. Name..... Relation..... % of Share..... DoB.....
3. Name..... Relation..... % of Share..... DoB.....
4. Name..... Relation..... % of Share..... DoB.....

The above particulars are taken from our record and person(s) mentioned above is/are the only legal heir of the deceased employee for receiving ROC under THDCIL Employees Defined Contribution Superannuation Pension Scheme 2016.

(Name of the Officer with seal)
Authorized Signatory of P&A deptt.
THDC India Limited
Unit.....
Date.....

hr



THDC India Limited Employee's Defined Contribution Superannuation Pension Trust

FORM –“H”

Transfer of Fund to CPSE by THDCILEDCS Pension Trust.

Sl No.	Particulars	Filled- up by Present Employer
01.	Name of the CPSE , with Address who has maintained superannuation Fund as per DPE guideline vide no - 2 (70) /08-DPE (wc) dt. 26.11.2008 & 2 (70) / 08 - DEP (wc) dt. 02.04.2009 & OM vide no. F.No-W-02/0017/2014-DPE-(wc)- GL-XI/14 dt.21.05.14	
02.	Name of the Pension Fund where Fund to be transfer with address:-	
03.	Mentioned that whether CPSE has maintained Fund by its own or Master Policy has been taken from other,please specify:-	
04.	Master Policy No.,if taken from others	
05.	Fund Manager Name, if taken from others	
06.	Address of the Fund Manager, if taken others :-	
07.	Bank Details :- (For- RTGS/NEFT)	In favour :- Bank Name :- Br.Address :- A/c.No :- IFSC Code :-
08.	Name of the Employee / Designation :-	
09.	Employee No. with the Present Employer :-	
10.	Location of Employee posted :-	

This is to ensured by (Name of the CPSE) that if Sh.(Name of employee) regines from the organization at any time before



THDC India Limited Employee's Defined Contribution Superannuation Pension Trust

superannuation & joins an organization other than a **CPSE**, has not covered as per **SL-01** above, **or** terminated due to disciplinary action then Employer Contribution alongwith accumulated Intt. towards M/s THDC India Limited Employee's Defined Contribution Superannuation Pension Trust on his resignation / termination from (**Name of CPSE**) will be transferred back to the **THDC India Limited Employee's Defined Contribution Superannuation Pension Trust**. Bank account which is as below :-

Bank: **Punjab National Bank**
Bank Branch: **LJ Road Rishikesh**
Account No.: **3714000110051517**
IFSC: **PUNB0371400**

Authorised Singnatory

Name:-

Designation: –

Name of the Trust with seal:-

Note :- This Form is to be forwarded with an application
To, DGM - P&A, THDCIL, Bhagirathi Bhawan,
By Pass Road, Rishikesh,
Uttarakhand-249201