## LIFE INSURANCE CORPORATION OF INDIA P&GS UNIT, JEEVAN PRAKASH, 7th FLOOR 25, KG MARG, NEW DELHI, 110001

Ref: P	2&GS/Claims/ E-Mail ID - bo_g103annuity@licindia.com					
The T	rustee, Date of Death					
o. /						
Sir/M	adam,					
	Re: Annuity NoFvglt.Sh/Smt					
We are	e in receipt of letter intimating the sudden demise of the above member					
Kindly	y convey our heartfelt condolences to the bereaved family					
To ena	To enable us to consider the claim, kindly submit us the following requirements.					
1.	Original Death Certificate or copy attested by trustee.					
2.	Form "N" duly attested by trustee.					
3.	Unencashed cheque if any.					
4.	Enclosed discharge receipt duly attested by the trustee.					
5.	Forwarding letter of the trustee on their letter head.					
6.	NEFT Mandate Form & Cancelled cheque &					
7.	ID proof of beneficiary					
While replying, please note to quote the above annuity number.						
	Yours Faithfully,					
Encl. F	Manager (P&GS) Form N & Dis Receipt					

Note:- Please Submit all Claim Form Through Trustee.

## (LETTER OF AUTHORITY FOR PAYMENT OF ANNUITY)

The Sr. Divisional Manager LIC of India, Divl. Officer, P&GS Dept. 7<sup>th</sup> floor, 25, Kasturba Gandhi Marg New Delhi – 110 001.

Dear Sir,	Re : N	flaster Policy No. GS/GG	I/GS(CA)					
We hereby direct, authorise & empower you to pay on our behalf and as our agent to the under mentioned members, who have left or retired from service, the respective pension amounts shown against their names in the list below after deduction of income tax and other taxes & duties, particulars of which have also been given in the list.								
Membership No.	Name of the Member & Address	Due date of Pension	Amount	of Pension	Income Tax net deduction amount if payable any			
members the pension	uthorise & empower you to pay payments shown against their ave also been given in the list.							
Master Name of Policy No.	the Beneficiary & Address	Due date of Pension	Amount of Pension	Income Tax deduction if any	Net amount payable			
		v.						
payments due to us a	d acknowledge that the above and we hereby declare that receing ande to them and shall be fully	pts signed by the payee s	hall be sufficier	nt, valid and legal dis	scharge to you for the			
	46	A						
Dated at	this	day of			Verse folkfalle			
					Yours faithfully,			
			C	for Se	ature of the Trustees) f and on Behalf of the annuation Fund Trust			
(Signature of the Bene	eficiary)							



Life Insurance Corporation of India

PENSION & GROUP SCHEMES DEPARTMENT, DELHI DIVISIONAL OFFICE – 1

JEEVAN PRAKASH, 6<sup>TH</sup> FLOOR, 25, KASTURBA GANDHI MARG, NEW DELHI – 110001

2: 23314079, 23354984/2725 FAX: 23350832 E-mail: liedelhipgs@vsnl.com

Form No. P.G.S. 37

## **DISCHARGE RECEIPT**

Received a sum of Rupees		_ (Rupees	From
The Life Insurance Corporation of	India in full and	final settlement of all our clain	าร
and demands in respect of		Shri	
Assurance No un	ider Master Policy	7 No	
Who expired/left services/Retired	l on		
Dated at on this	day of _		_
Witness:			
Signature :	Signature of ber	neficiary	
Designation:	Across Rs.1/-	Signature of the authorised	
Address:	Revenue Stamp	signatory / Trustees  Name	
		Designation	
		Office Stamp	