



# GAIL (India) Limited Superannuation Benefit Fund

ANNEXURE - 'B'

F.NO. 6201-A

## Details of Superannuating Employee/ Beneficiary on whose Life Annuity is to be effected

### 1. Particulars of the member/beneficiary on whose life annuity is to be effected

a. Name of the Member/ Beneficiary	
b. Date of birth (enclose proof of date of birth)	
c. Gender	
d. Nationality	
e. Address for correspondence	City: PIN: State:
f. Permanent address	City: PIN: State:
g. Bank details of member/beneficiary (attach authority letter and copy cancelled cheque/ passbook)	Account No.: Bank Name : IFSC No. : Address :

### 2. Description of recurring benefit (i.e. Option) elected by the member:

Option	Description of Option	Please select
1	Annuity for life	
2	<b>Annuity for life with return of Capital (ROC)</b>	
3	Annuity for 5 years certain & Life thereafter	
4	Annuity for 10 years certain & Life thereafter	
5	Annuity for 15 years certain & life thereafter	
6	Annuity for 20 years certain & life thereafter	
7	Annuity for life increasing at a simple rate of 3% p.a.	
8	Annuity for life with 50% to spouse	
9	Annuity for life with 100% to spouse	
10	<b>Annuity for life with 100% to spouse with ROC</b>	

a. **Option selected and description** (to be written by the member/beneficiary in his/her own handwriting): \_\_\_\_\_

b. 1/3<sup>rd</sup> commutation : (Yes / No) \_\_\_\_\_



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- c. Is the pension payable yearly, half yearly, quarterly or monthly? : \_\_\_\_\_
- d. Due date of first payment of pension : \_\_\_\_\_
- e. Details of Nominee(s) : **enclosed in prescribed format**

3. (a) Address of LIC, Divisional Office : LIFE INSURANCE CORPORATE OF INDIA  
P&GS Department, Delhi DO-1  
7th Floor Jeevan Prakash Building  
25 K G Marg, New Delhi – 110001

3. (b) Group Annuity by Policy No. : \_\_\_\_\_

**(Signature of the Member / Beneficiary)**

**Witness:**

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

In case witness is GAIL employee then

CPF No. : \_\_\_\_\_

Name : \_\_\_\_\_

CPF No. : \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

**(To be certified by the authorized officer of GAIL (India) Limited Superannuation Benefit Fund Trust)**

It is hereby proposed for the purchase of Annuity on the life of the above mentioned Member/ Beneficiary in accordance with the Rules of the GAIL (India) Limited Superannuation Benefit Fund.

It certified that the above particulars of the member / beneficiary are correct.

(Authorized Signatory of  
GAIL (India) Limited Superannuation Benefit Fund)