



THDC India Limited Employee's Defined Contribution Superannuation Pension Trust

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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	Not allowed as per MoP D.O no. 11/13/2014- H.I/18.03.2016
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**

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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



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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 (<i>cancelled blank cheque must be attached</i>)	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) – <i>copy enclose</i> .		

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*)



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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.



THDC India Limited Employee's Defined Contribution Superannuation Pension Trust

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



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:

Pension Fund Transfer TO :

SL NO.	Particulars of Current Employment:	
1	Name of the Pension Fund where fund will transfer	THDCIL Employees Defined Contribution Superannuation Pension Scheme
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 Cannaght Place, Dehradun, Uttarakhand 248001 Ph: 0135-2711541, 2715155 Email: bo_g204@licindia.com
5	Name of the Present Employer:	M/s. THDC India Limited
6	Address of the employer	Ganaga Bhawan, Finance & Accounts Department, Pragatipuram, Rishikesh, Uttarakhand- 249201
7	Name of the Employee	
8	Employee No	
9	LIC ID NO (Provided by LIC)	

Pension Fund Transfer FROM:

SL NO.	Particulars of Previous Employment	
1	Name of the Pension Fund from where fund will transfer	
2	Previous Master Policy NO.	
3	Fund Manager	
4	Address of the Fund Manager with phone no. & email.	
5	Name of the Previous Employer:	M/s.
6	Address of the Previous Employer	
7	Name of the Employee	
8	Employee No	
9	LIC ID NO	

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