

Group Superannuation Scheme - Claim Intimation Form



Policy Number: (dd / mm / yyyy) :

Name of the Trust:

Type of Claim (please tick one) : Normal Retirement / Early Retirement / Resignation/ Death

Name of the member :

Member ID : Date of leaving / death :

(In case of death claim, please attach the death certificate along with this form) :

Details of Withdrawal of units: (Only in case of Defined Benefit Superannuation Schemes):

Plan	Withdrawal (%) basis
Group Short Term Debt Fund	
Group Debt Fund	
Group Balanced Fund	
Group Growth Fund	
Group Capital Guarantee Short Term Debt Fund	

*Please tick the appropriate option below (the options are governed by the Rules of the Scheme) :

A. (i) _____ % of value of units to be utilized for immediate pension through ICICI PruLife

A. (ii) _____ % of value of units to be paid in lump sum (commutation)

Specify name of Payee for payment _____

B. Open Market Option ** Or Transfer to the new Fund***

Specify name of insurance company / new fund for payment _____

C. Details of Beneficiary in case the claim is arising due to death

Full Name of the Beneficiary :

Full Name of the bank _____ Branch _____ A/C no. _____

Date of Birth : Gender : Male Female

Specify age proof (Please attach with this form) :

Birth cert School / College extract Passport Employer's certificate for PSU/Govt company/Public Ltd company

Details for immediate pension where option chosen is A (i) :

Annuitant's full Name

Full Name of the bank _____ Branch _____ A/C no. _____

Date of Birth : Gender : Male Female

Frequency of pension payment : Monthly Quarterly Half yearly Yearly

Annuity Options (Please tick the appropriate box) :

Life annuity Life annuity with return of Purchase Price Joint life last survivor (JLSS) without return of Purchase price
 Joint life last survivor (JLSS) with return of Purchase price Life annuity guaranteed for 5 years and life thereafter
 Life annuity guaranteed for 10 years and life thereafter Life annuity guaranteed for 15 years and life thereafter

(JLSS option is applicable only when annuitant has spouse at time of commencement of pension.)

Address for communication:

Pin Code

E-mail :

In case of JLSS policy :

Name of the spouse :

Date of birth of spouse : Specify age proof of spouse (Please attach with this form) :
 Birth cert School / College extract Passport

Please provide the details of beneficiary except where the option is Annuity without return of purchase price:

Full Name of the beneficiary for payment, if any, on annuitant's death :

