



**APPLICATION FOR FAMILY PENSION ON THE DEATH OF THE
PENSIONER / EMPLOYEE / RETIREE**

1. Name of the Applicant

i) Widow / Widower

ii) Guardian

(If the deceased person is survived by a minor child or minor children)

2. Name and Relationship and Date of Birth of the surviving Widow / Widower and children of the deceased employee /retiree/ pensioner

SL No	Name	Relationship with the Deceased Pensioner	Date of Birth in Christian Era

3. Name of the Deceased

4. P F Number when is service

5. Date of Death of the Employee / Pensioner

6. Office / Department in which the deceased employee / pensioner served last

7. If the applicant is a Guardian, Date of Birth of the Minor and relationship with the deceased employee / pensioner

8. If the applicant is employed give particulars

9. Full Address of the Applicant

10. Branch for payment of Family Pension

I undertake to repay / authorise you to recover from the Pension /Family Pension / Commutation payable to me on death of the above employee / Retiree / Pensioner any amount that may be due from him her to the Bank.

Date.....

Attested By

.....
Signature with Seal

Signature / Left / Right Thumb
Impression of the Applicant

Give Full Address of the Attesting Authority
.....
.....

DESCRIPTIVE ROLL OF THE APPLICANT FOR FAMILY PENSION



- 1. Name
- 2. Widow / Widower / Son / Daughter / Mother
of Deceased employee
- 3. Date of Birth and Age
- 4. Height
- 5. Prominent Identification Marks on the
Hand Face etc
- (specify at least two conspicuous marks)
- 6. Left / Right hand thumb Impression

- 7. Speciment Signature
 - 1)
 - 2).

- 8. Address in Full
-
-
-
-

Attested By

.....
Signature with Seal
Name in full of the Attestor

Give Full Address of the Attesting Authority

AFFIDAVIT

We

(1) Sri / Smt.....aged.....(relation).....of late.....

(2) Sri /Smtaged.....(relation)of late Sri.....

(3) Sri /Smtaged.....(relation)of late Sri.....

residing at.....

(Names of all the Legal heirs will appear above) all by creed.....Nationality Indian by occupation..... do hereby solemnly affirm and declare as follows:

1. That we are permanent inhabitants of the above mentioned address and Citizens of India
2. That Smt / Srinow deceased was the(relation) of the above named declarants who died intestate.....at our above mentioned address
3. That at the time of demise of Sri/Smt.....he/she was leaving behind him / her legal heirs as follows:

Sl No	Name	Address	Age	Relation
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- 1.
- 2.
- 3.

4. That there is no legal heir of the said deceased late Sri.....except above referred names.
5. That our deceased.....(relation) late Sri.....was an employee of UCOBank and Late Sri.....was Superannuated / Retired under VRS from his service on.....(date)
6. That the date of commencement of Normal Pension of Late Sri.....was on.....(date)
7. That during his/her lifetie he has been sanctioned/ not santioned his/her pensionary benefits up to.....(date). As such the arrears of pension from.....(date) to.....(date) is lying with the authority inhis/her name only, which is inherited by his/ her legal heirs and successors.
8. That we further declare that we have no objection if the competent authority will make payment of the above said arrears of Pension of late Sri.....to our.....being the applicant for the Family Pensioner

The above statements are true to the best of our bestof our Knowldge and Belief and we sign this affidavit on today at the court Premises.

- 1.....
- 2.....
- 3.....

(All the legal heirs should sign here)

Signature of the Deponents identified by me.

(TO BE STAMPED AS AN AGREEMENT)

The Manager
UCOBANK

.....Branch
.....

Dear Sirs,

In consideration of your agreeing at my/our request an on the declaration made by me/us to pay Sri/Smt.....(Claimant) the Pensionary Benefits payable to Sri /Smt.....since deceased, without production of legal representation to the estate of the said deceased, I / We

- 1.
- 2
- 3

(Mention all the Names of the Legal heirs)

do hereby jointly and severally indemnify and agree at all times to keep you indemnified from all claims that may be preferred against you for all actions, proceedings, claims and demands which may be brought or made against you by any persons or persons whomsoever in respect of the said of the pensionary benefits or any other portion thereof against all losses, damages, costs, charges and expenses that you may incur or pay as a consequence of your paying the said pensionary benefits to the claimant without production of legal representation from the competent Court of law.

Yours faithfully,

Claimants:

- 1.....
- 2.....
- 3.....

(Strike out whichever is not applicable)

To
The Chief Officer,
UCOBank, Head Office,
Human Resource Management,
Pension Cell
No 3 & 4 D D Block Sector 1,
Salt Lake city, Kolkata-700064

Date.....

Dear Sir,

Sub: Exercise of Option to draw Bank Family Pension / Military Family Pension

I, Sri / Smt.....am the *widow / *son / *daughter of Late Sri.....(P F Number.....). My deceased husband / father, at the time of joining UCOBank was an ex-serviceman. I am therefore entitled to Bank Family Pension payable in terms of UCOBank (Employees') Pension Regulations 1995. I am also entitled to Military Family Pension. However, I understand that in terms of the existing Central Civil Services (Pension) Rules, I am eligible to draw Military Pension provided I do not draw the Bank Family Pension.

I therefore, hereby exercise my irrevocable option to:

a) draw Bank Family Pension payable as per provisions of UCOBank (Employees') Pension Regulations 1995 foregoing my Military Pension.

OR

b) draw Military Family Pension foregoing Bank Family Pension payable as per the provisions of UCOBank (Employees') Pension Regulations 1995

(Please tick (✓) only one option, either (a) or (b) given below and strike out the other)

Please take necessary action to sanction / not sanction Bank Family Pension in terms of the provisions of UCOBank (Employees') Pension Regulations 1995, accordingly.

(*Delete whichever is / are not applicable)

My Address for communication is as under:

.....
.....
.....
.....
.....

Phone Number:.....

Yours faithfully,

Date:.....

Place:.....

Signature of Claimant

Signature of the In charge of the Branch with Seal
along with Name in Full