

FORMAT - 3
HIMACHAL PRADESH GRAMIN BANK
 Head Office: Jail Road, Mandi, Distt. Mandi, H.P.

Option Form to be filled in by the family of those employees of the Bank who are eligible for family pension (To be submitted in quadruplicate through the Branch / Office from where retired/posted at the time of death)

Date of receipt of application at Branch / Office	Recent photograph of the applicant to be pasted here and then to be attested by the Branch /Office Head	FOR HO USE ONLY
Forwarded on:		OPTION NOTED IN SERVICE RECORD / EPF RECORD OF THE DECEASED EMPLOYEE
Forwarded by:		
Signature with office seal (Branch/Office)		(Signature of the concerned Authority at HO with date)

The Chairman
 Himachal Pradesh Gramin Bank
 Head Office, Jail Road, Mandi, H.P.

Date: _____

I hereby declare that I have read and understood the Bank (Employees') Pension Regulations, 2018 and I hereby voluntarily opt to become a member of the Bank's Pension Scheme and irrevocably authorize the EPFO / RPFC to transfer my entire Pension Fund kept with them to Bank to credit Pension Fund to be created for this purpose. I undertake to refund the Bank's contribution to EPF Fund together with accrued interest thereon paid to my husband/wife/father/mother/son/daughter (delete whichever is not applicable) on his/her death while in service/after retirement from Bank's service. I also undertake to refund the non-refundable withdrawal from EPF balance (Bank's contribution component) availed by my husband/wife/father/mother/son/daughter (delete whichever is not applicable), if any, together with interest at EPF rate from time to time up to the date of retirement / death.

1. Name of the applicant/dependent of deceased employee
 in Full (in Block letters): _____
2. Name of the deceased employee in Full (in block letters): _____
3. EPF No of the deceased employee: _____
4. Relationship with the deceased employee; _____
5. Name of guardian if applicant is minor; _____
6. Present Residential Address (in block letter): _____

7. Date of death of the deceased employee (**Documentary evidence to be attached**): _____

8. Date of retirement from Bank's service: _____

9. Branch /Office last served and post held _____

10. Branch from where pension to be drawn: _____

11. Contact Details: _____

12. List of documents / evidences to be attached (Mention the name / nature of document):

- a) Copy of Superannuation / retirement order of the deceased employee (If applicable)
- b) Copy of Death Certificate of the Employee
- c) Copy of Birth certificate of child eligible for pension
- d) Copy of AADHAAR CARD/ KYC document in the name of applicant
- e) Any document in support of the stated relation of the applicant

I hereby declare that what are stated in the application and documents submitted are true, correct and genuine.

Enclosures: As stated in point 12 above.

(Signature of the applicant)

Date: _____

Place: _____

***Signature to be attested by the Branch/Office Head with Office Seal**