

**Life Insurance Corporation of India**

**TO BE COMPLETED BY MEMBER**

I, \_\_\_\_\_ a member of  
the \_\_\_\_\_  
Scheme/Fund \_\_\_\_\_ hereby request the Trustees of  
\_\_\_\_\_ Scheme/Fund to transfer in  
accordance with Rule \_\_\_\_\_ of the Rules of the said  
Scheme/Fund the value of the benefits secured under the Assurance/ Annuities by the  
contribution paid by Messrs \_\_\_\_\_ in my respect  
upto the date of my leaving the said \_\_\_\_\_ (company) on  
\_\_\_\_\_ (Date of leaving service of the employer) to  
\_\_\_\_\_ Scheme/Fund of M/s. \_\_\_\_\_ of  
which I have become a member having joined their service.

In consideration whereof, I hereby agree and declare that this authority and the transfer  
made in pursuance of such authority shall constitute of complete & sufficient discharge in full  
satisfaction of all my claims and rights secured by the contributions amounting to  
Rs. \_\_\_\_\_  
paid by the Trustees to the Life Insurance Corporation of India under the \_\_\_\_\_  
Scheme/Fund and  
the Master Policy No. \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day \_\_\_\_\_ 20 \_\_\_\_\_

**Revenue Stamp of Re. 1 .00**

**Signature in Full  
(Member)**

**WITNESS :**  
Signature :  
Designation :  
Name in full :  
Address :

This is to certify that we have included name of Sh. \_\_\_\_\_ Under Ass  
No. \_\_\_\_\_ in our scheme. We have been allowed to accept transfer of equitable interest  
by income tax authorities.

(New Trustees)