

Pension Payment Proposal Forms

ANNEXURES TO BE TAKEN

A. FOR RETIREES:

1. ANNEXURE-1(Revised), > Pension Payment Proposal duly recommended by the incumbent and sanctioned by the Circle Office.
2. ANNEXURE-9
3. ANNEXURE-14(Revised)
4. 4 copies of Identity -Form with joint photograph with spouse duly attested by the incumbent under his/her signature, seal and GBPA(both photograph and signature)
5. Copy of Arrear sheet (applicable in case of those who had retired on or after November, 2007)
6. Letter of request for commutation of pension.
7. If applying for pension after one year from the date of retirement, medical to be got done from approved doctor of bank(pen cir 10/2010)

B. FOR DECEASED:

DEATH IN SERVICE

1. Annexure-10-Application for grant of family pension.
2. Annexure-11-Family Pension Payment Proposal
3. Annexure-9
4. Annexure-14 (Revised)
5. Death certificate duly issued by Registrar of Birth & Death (duly attested by the incumbent)
6. Birth certificate, if family pension is in favour of child(ren)
7. 4 copies of Identity-Form duly attested by the incumbent under his/her signature, seal and GBPA(both photograph and signature)
8. If captioned staff is an ex-serviceman, please submit:
**Option for family pension in terms of PDC No. 1713 dated 27.03.2000.
**Two copies of Defence PPO / Discharge Certificate duly attested by the incumbent in case the subject opts for family pension from the bank.

DEATH AFTER RETIREMENT

1. Annexure-10- Application for grant of family pension.
2. Annexure-12- Family Pension Payment Proposal
3. Annexure-9
4. Annexure-14(Revised)
5. Death certificate duly issued by Registrar of Birth & Death (duly attested by the incumbent)
6. Birth certificate, if family pension is in favour of child(ren)
7. 4 copies of Identity-Form duly attested by the incumbent under his/her signature, seal and GBPA(both photograph and signature)
8. If captioned staff is an ex-serviceman, please submit:
**Option for family pension in terms of PDC No. 1713 dated 27.03.2000.
**Two copies of Defence PPO / Discharge Certificate duly attested by the incumbent in case the subject opts for family pension from the bank.

ANNEXURE-1 (REVISED)

PUNJAB NATIONAL BANK

PENSION PAYMENT PROPOSAL

1.	Name of the employee	
2.	Category (GEN/SC/ST/EX-SERVICEMAN)	
3.	Provident Fund Account No.	
4.	Designation, Scale/Grade/Cadre	
5.	Date of Birth	
6.	Date of appointment in the Bank on permanent basis	
7.	Office/Branch, Circle from where retired	
8.	Date of Retirement on superannuation/Date of cessation from service (specify reasons)	
9.	Whether the employee is eligible for pension for the service rendered in Defence Services? <i>If yes, submit option for Family Pension in terms of PDC No. 1713 dated 27.03.2000 along with two duly attested copies of Defence PPO/Discharge Certificate.</i>	
10.	Date of Notice in case of voluntary retirement <i>In case of Voluntary Retirement, copy of letter conveying acceptance of Voluntary Retirement by the Competent Authority must be submitted.</i>	

11.	Whether employee was under suspension/ absent from duty on extra ordinary leave on loss of pay during his service period. <i>If yes, month/yearwise details of LWP/Suspension period must be submitted along with confirmation that the same relates to the entire period of service of the Retiree.</i>			
12.	Class of Pension viz. superannuation/pre-mature/ voluntary retirement/ compulsory retirement/invalid pension/ deemed retirement			
13.	Period of Service (From date of joining to Date of relieving)	<u>Years</u>	<u>Months</u>	<u>Days</u>
14.	A. Additional service, if any, in terms of Regulation 29			
	B. Period disqualifying for service, if any, (Regulation 17, 21 & 22) <i>Period of LWP/Suspension is to be reduced from the period of service to arrive at qualifying service as mentioned in Column No.11 above unless directed by the sanctioning authority that the period shall count for service for all purposes including pension.</i>			
15.	Total period of Service for pension as on the date of retirement	<u>Years</u>	<u>Months</u>	<u>Days</u>
16.	*Qualifying service for pension (Regulation 14 to 27)	Years		
17.	Whether appointed as part time employee : if yes: Period thereof, on 1/3 scale from _____ to _____ On 1/2 scale from _____ to _____ On 3/4 scale from _____ to _____			
18.	Branch from where pension is to be paid _____ Dist. No. _____ 16 Digit Saving Fund a/c No. of retired/ retiring employee: _____			

*Broken period of service more than 6 months is to be treated as one year

*Broken period of service of 6 months or less is to be ignored.

19.	Details of family : [Members eligible for Family Pension]			
	<u>S.No.</u>	<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>
	1.			
	2.			
	3.			
	4.			

20.	Details of pay during the last 10 months of service (including the month of cessation from service) (Regulation 38).								
	S. No.	Month & year	Basic Pay including stagnation increment	Increment component of FPP	PQP	Other allowances ranking for PF & DA	Officiating allowance, if any. (Basic component only)	PF deducted on Officiating allowance	Date of remittance of PF on officiating
	1	2	3	4	5	6	7	8	9
	1)								
	2)								
	3)								
	4)								
	5)								
	6)								
	7)								
	8)								
	9)								
	10)								
TOTAL									

NOTE: Please attach income tax register of the staff for the period as above and explain the figures appearing against Other PF in each month. Also attach calculation sheet if there is any late release of stagnation/AGI/or any such arrears.

a)	Total of Basic Pay	
b)	Total of FPP	
c)	Total of PQP	
d)	Total of other Allowances	
e)	Total of officiating allowance Col. 7 (in case of workmen staff only)	
f)	Grand Total	
g)	Average Monthly Emoluments (Grand Total/10)	

21.	Basic Pension = Average Monthly emoluments <u>(as per Column (20.g))</u> 2 x No. of years of qualifying service with a max. of 33 <u>(as per column No.16)</u> = 33	
22.	Additional Pension in case of Officer staff only Total of officiating allowance <u>As per Column 20(7)</u> 2 x 10 x No. of years of qualifying service (Max. of 33 years) = <u>(As per column No.16)</u> 33	
23.	Date of Receipt of request for commutation (Request letter in original must be enclosed)	
24.	Date of medical certificate NOTE: Medical certificate from Bank's approved Medical Officer is required in case of compulsory retirement, invalid pension and in case when commutation is desired after expiry of one year of retirement as such this be enclosed with the proposal.	
25.	Age next birthday with reference to clause 23 or 24 above (whichever is applicable).	
26.	Amount sought to be commuted from pension (Max. 1/3 rd of pension and additional pension)	
27.	Commutation value for a pension of Rs.1/- p.a. (Refer to commutation table) [Regulation 41(4)]	
28.	Amount of commutation Amount sought to be <u>commuted (As per Col.26)</u> x <u>Commutation value x 12</u> <u>(As per col. 27)</u> =	
29.	Address after retirement with Telephone No.	
30.	Recovery, if any, to be made out of pensionary dues (full details to be given)	

31. Recommended for sanction as under in terms of PNB (Employees) Pension Regulations 1995:

Basic Pension: Rs. _____ Less Amount commuted Rs. _____

Addl. Pension: Rs. _____ Less Amount commuted Rs. _____

Plus Dearness relief as applicable, Per Month

From _____ (Date) and

Commutation Value: Rs. _____

Commutation portion to be restored on _____ (Date)

Seal of the Branch/Office

Signature of recommending officer

Branch/Office _____

Date:

GBPA No. _____

32. SANCTIONED Pension as under in terms of PNB (Employees) Pension Regulations 1995:

Basic Pension: Rs. _____ Less Amount commuted Rs. _____

Addl. Pension: Rs. _____ Less Amount commuted Rs. _____

Plus Dearness relief as applicable, Per Month

From _____ (Date) and

Commutation Value: Rs. _____

Commutation portion to be restored on _____ (Date)

CHECKING OFFICIAL

Seal of the Office

SIGNATURE OF SANCTIONING AUTHORITY

Designation: _____

Date:

GBPA No.: _____

Office: _____

Note: One copy of this proposal along with Nomination Form and four copies of identification forms should be sent to Pension and PF Department.

IDENTIFICATION FORM

1.	NAME	
2.	SEX (MALE/FEMALE)	
3.	COMPLETE POSTAL ADDRESS	
4.	PHOTOGRAPH (JOINT WITH SPOUSE, IF ALIVE) (Photograph should bear the signature & seal of the Branch Manager) <i>If spouse not alive, Attach Death Certificate (duly attested)</i>	AFFIX PHOTO HERE
5.	SPECIMEN SIGNATURE	
6.	LEFT/RIGHT HAND THUMB IMPRESSION OF THE EMPLOYEE	
7.	DATE	

FOR OFFICE USE ONLY

**Signature & Seal of the Branch Manager
with GBPA No. in token of having attested the above.**

(THIS FORMS PART OF PPO)

ANNEXURE-9

FORM OF NOMINATION FOR PENSION DUES

The Trustees,
Punjab National Bank (Employees')
Pension Fund Trust,
NEW DELHI.

I, _____ hereby nominate the person named below under Regulation 51 of the PNB (Employees') Pension Regulations 1995.

Name and address of the Nominee	Relationship with Pensioner	Date of Birth of Nominee	Name and address of person who may received the said pension during the nominee's minority (if nominee is minor)
(1)	(2)	(3)	(4)

Name and address of other nominee in case the nominee under column (1) above pre-deceases the pensioner	Relationship with pensioner	Date of birth if the other nominee is minor	Name and address of person who may receive the pension during the other nominee's minority	Contingency on happening of which nomination shall become invalid
(5)	(6)	(7)	(8)	(9)

Place : _____

Signature (or thumb impression, if illiterate)

Date: _____

Name of the Pensioner: _____

Address: _____

Witness:

Signature: _____

Name & Address: _____

Received on _____

Signature of Receiving Authority: _____

Note: One copy each to be kept with (1) Pension Disbursing Branch (2) Concerned CIRCLE OFFICE (3) Pension Deptt., HO.

ANNEXURE-10

FORM OF APPLICATION FOR GRANT OF FAMILY PENSION ON THE DEATH OF AN EMPLOYEE/PENSIONER

The Trustees,
PNB (Employees') Pension Fund,
NEW DELHI.

REG: APPLICATION FOR GRANT OF FAMILY PENSION

I want to inform you that Shri/Smt. _____ who was drawing pension vide PPO No. _____ / who was serving at _____ (office) as _____ (Designation) died on _____ and being the spouse/family member of the deceased, I request for sanction of family pension. Necessary details are submitted hereunder: -

1.	Name of applicant i) Widow/Widower/Son/Daughter ii) Guardian, if the deceased person is survived by minor child/children	
2.	Name and age of surviving widow/ widower and children of the deceased employee/pensioner	
S. NO.	NAME	RELATIONSHIP WITH THE DECEASED
i.		
ii.		
iii.		
iv.		
v.		
vi.		
3.	Name and No. of PPO (if any) of the deceased employee/pensioner	
3(a)	i) Whether the application is eligible to receive family pension from the Government on account of services rendered by the spouse in deference services.	
	ii) If yes, whether the applicant wishes to draw family pension from the Government or from the Bank.	
	iii) Details of PPO issued by the Government. Name of the employee : _____ PPO No.: _____ Address of the PPO issuing authority: _____	

4.	Date of death of the employee/pensioner	
5.	Office/Branch in which the deceased employee/Pensioner last served	
6.	If the applicant is guardian, his date of birth and relationship with the deceased employee/pensioner	
7.	<p>Whether the applicant is already in receipt of Family Pension of Father/Mother if so,</p> <p>i) Date of death and Retirement of Father/Mother</p> <p>ii) PPO NO.</p> <p>iii) Name</p> <p>iv) Amount of Family Pension</p>	<hr/> <hr/> <hr/> <hr/> <hr/>
8.	Signature, Name And Address Of The Applicant	<p>SIGNATURE: _____</p> <p>NAME : _____</p> <p>ADDRESS: _____</p> <hr/>
9.	Branch where Family Pension is desired to be paid	
10.	ATTESTED BY	<p>SIGNATURE: _____</p> <p>NAME: _____</p> <p>BRANCH/OFFICE SEAL: _____</p> <hr/> <p>GBPA NO. _____</p>

11.	WITNESSES	SIGNATURE: _____ NAME: _____ ADDRESS: _____ _____ A/C NO., IF ANY _____
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ENCLOSURES: -

- (i) Identification Form :
(As enclosed with Pension Payment Proposal)

- (ii) Certificate of age with four attested copies showing the dates of birth of the children

ANNEXURE 11 (REVISED)

FAMILY PENSION PAYMENT PROPOSAL

(To be submitted in case of employees who died while in service)

1.	Name of the Deceased Employee			
2.	PF Account No.			
3.	Designation at the time of death			
4.	Office/Branch, Region/Zone where the deceased employee was last posted			
5.	Date of Birth			
6.	Date of Appointment in Bank's Service			
7.	Date of Death (Attach Death Certificate)			
8.	i) Whether the applicant is eligible to receive family pension from the Government on account of services rendered by the spouse in Defence Services.			
	ii) If yes, whether the applicant wishes to draw family pension from the Government or from the Bank.			
	iii) Details of PPO issued by the Government . Name of the employee. PPO NO. Address of the PPO issuing authority			
9.	Details of Family Members eligible for Family Pension			
	S.No.	Name	Date of Birth	Relationship with the Deceased Employee
Attach birth certificate in case of son or daughter.				

10.	Address for correspondence	
11.	If the deceased employee was working on part time scale. (Please mention 1/3,1/2 or ¾)	
12.	<p>Details of pay last drawn by the deceased employee</p> <p>a) Basic Pay including stagnation increment</p> <p>b) Allowance reckoning for PF & DA</p> <p>i) ii) iii) iv)</p> <p>TOTAL</p>	<p>Rs. _____</p> <p>Rs. _____</p> <p>Rs. _____</p>
13.	Whether any compensation has been paid under Workmen Compensation Act.	
14.	Branch where pension is to be paid Distinctive No.	<hr/> <hr/>
15.	<p>Family Pension (Calculated in terms of Regulation 39)</p> <p>On Enhanced Rate : Basic Family Pension: Rs. _____ Addl. Family Pension: Rs. _____</p> <p>On Normal Rate : Basic Family Pension: Rs. _____ Addl. Family Pension: Rs. _____</p>	

: 3 :

Recommended for sanction of Family Pension as above in terms of PNB (Employees) Pension Regulations 1995, on enhanced rate w.e.f. _____ and on normal rate w.e.f. _____ plus dearness relief as applicable from time to time.

Seal

Signature of Recommending Officer

Name _____

Branch/Office _____

GBPA No. _____

Date: _____

Sanctioned Family Pension as recommended, in terms of PNB (Employees) Pension Regulations 1995, as amended from time to time.

Signature and Seal of Sanctioning Authority

Designation _____

Date: _____

GBPA No. _____

NOTE:

1. Before recommending and sanctioning the Family Pension please refer Regulation No. 39 and 40 of PNB (Employees) Pension Regulations 1995.
2. One copy of the proposal duly sanctioned along with four copies of identification form must be sent to Pension Fund Department, HO for disbursement.

Request for Commutation of Pension

Date: _____

The Chief,
PF & Pension Fund Department,
Rajendra Bhawan,
Head Office,
Rajendra Place,
NEW DELHI.

REG: PF NO. _____ IN THE NAME OF _____

Subject: **COMMUTATION OF PENSION**

Dear Sir,

I am retiring /have retired from service on (Date) on
superannuation / VRS.

Kindly commute 1/3rd of my pension as per bank rules.

Thanking you,

Yours faithfully,

(Signature)

Name.....

Designation.....

ANNEXURE-12

PROFORMA OF LETTER OF INTIMATING DEATH OF PENSIONER/FAMILY PENSIONER

(One copy to be sent to HO and two copies to Circle Office)

BO: _____

Date : _____

The Chief,
Pension Fund Department,
Rajendra Bhawan,
Rajendra Place,
NEW DELHI.

REG: PPO NO. _____ **IN THE NAME OF** _____

We have to intimate you that the death of above pensioner/family pensioner has come to our notice on _____. The necessary information is furnished below.

1.	Name of the deceased	
2.	Whether the deceased was a pensioner or a family pensioner	
3.	Date of death	
3(a)	i) Whether the application is eligible to receive family pension from the Government on account of services rendered by the spouse in deference services.	
	ii) If yes, whether the applicant wishes to draw family pension from the Government or from the Bank.	
	iii) Details of PPO issued by the Government. Name of the employee : _____ PPO No.: _____ Address of the PPO issuing authority: _____	
4.	Date upto which pension/family pension has been credited to pensioner's account.	

5.	Pension credited after date of death (Amount recoverable)			
	Month	Amount	Month	Amount
	TOTAL			
6.	Amount recovered from the account of the pensioner and remitted to Pension Fund Department, HO by crediting account No. 0153000209943752		TM NO. _____ Dated _____ For Rs. _____	
7.	Balance to be recovered		Rs. _____	
8.	If there is a balance to be recovered, please mention i) Date of last Life Certificate held on record. ii) How the amount was drawn after death		_____ _____ _____	
9.	If applied for family pension give name of the applicant. (Attach application on Annexure 10 enclosed with PF Circular No. 2/96 dated 17.2.96)			
10.	Please indicate reasons if applied by a person other than mentioned in the PPO.			

MANAGER

Copy to: The Circle Manager, _____ for information (in duplicate)

MANAGER

LETTER OF UNDERTAKING

The Asstt. General Manager
Punjab National Bank,
PF & Pension Fund Department,
HO: NEW DELHI.

Sir,

REG: PAYMENT OF PENSION

Having regard to the Wage revision Settlement, I request you to compute my Pension Provisionally on the basis of 'Pay' as defined in Clause (16) of Settlement dated 25.05.2015 & clause (7) of joint note dated 25.05.2015.

Further, I hereby undertake and authorise you and/or the Bank to make suitable adjustments or effect recovery, if any, from the Pension/Family Pension payable to me/my family in future, if necessitated due to amendment in PNB (Employee's) Pension Regulations, 1995.

Thanking you,

Yours faithfully,

Dated : _____

(SIGNATURE OF THE EMPLOYEE)

Name: _____

PF A/c No. _____

Branch/Office: _____

2. SIGNATURE

(Family members eligible for family pension)

MEDICAL EXAMINATION BY THE BANK'S DOCTOR/CIVIL SURGEON

PART I

The Applicant must complete the statement prior to his examination by the Bank's Doctor/Civil Surgeon and must sign declaration appended thereto in the presence of the doctor.

1.	Name of the Applicant (in Block Letters)	
2.	Date of Birth	
3.	Particulars regarding parents	
	a)	Father's age, if living and state of health
		Father's age at death and cause of death.
	b)	Mother's age, if living and state of health
		Mother's age at death and cause of death
4.	Have you been considered for grant of invalid pension? If so, state the ground.	
5.	Have you during the last three years period	
	a)	Suffered from any major illness requiring hospitalization? If so, the nature and period be indicated.
	b)	Undergone any major surgical operation
	c)	Lost or gained weight markedly.

DECLARATION BY APPLICANT

I declare that all the above statements are correct to the best of my knowledge. I am fully aware that by making a false statement willfully or concealing a relevant fact. I shall incur the risk of losing commutation.

Applicant's Signature/Thumb Impression
(To be signed in presence of the Doctor)

PART II
(to be filled by Bank's Doctor/Civil Surgeon)

1.	Apparent age	
2.	Height	
3.	Weight	
4.	Describe any scars or identification marks of the applicant	
5.	Pulse rate (a) Sitting (b) Standing	
6.	Blood Pressure (a) Systolic (b) Diastolic	
7.	Is there any evidence of disease of the main organs (a) Heart (b) Lungs (c) Liver (d) Spleen (e) Kidney	
8.	Investigations (If considered necessary) (a) Urine (b) Blood (c) X-Ray Chest (d) ECG	
9.	Any additional findings	

I have carefully examined Shri/Smt./Kumari _____ and am of opinion that:

He/She is in good bodily health and has the prospect of average duration life.

OR

He/She is not in good bodily health and it is not a fit subject of commutation.

OR

Although he/She is suffering from _____ He/She is considered a fit subject for commutation but his/her age for the purpose of commutation i.e. the age next birthday should be taken to be _____ years more than his/her actual age.

Place:

Date:

Signature & Seal of Bank's Doctor/Civil Surgeon/CMO

TO BE SUBMITTED BY EX-SERVICEMEN TO THE APPOINTING AUTHORITY

The Circle Head,
Circle Office

REG: OPTION ABOUT FAMILY PENSION.

I am drawing pension from the Government in respect of my service in defence service under PPO No. _____ and my family is entitled to family pension after my death. I am also eligible for pension from the Bank after my retirement under PNB (Employees') Pension Regulations and my family is also eligible for family pension from the Bank after my death. I am aware that two family pensions cannot be paid in respect of one person in terms of pension rules of the Government. I, therefore, submit my irrevocable option as under:

1. My family shall draw pension from the Government and not from the Bank

OR

2. My family shall draw family pension from the Bank and not from the Government. A confirmation from the PPO issuing authority that no family pension will be paid is attached herewith/shall be submitted shortly. You may withhold the payment of family pension till such confirmation is submitted to you.

(STRIKE OFF ONE OF THE TWO CLAUSES)

Thanking you,

Yours faithfully,

()

NOTE:

1. This option is to be obtained from all Ex-servicemen: -
 - i) who are in the service of the Bank and have opted for pension
 - ii) who have been appointed in the Bank on or after 29.09.1995
 - iii) who are being appointed now
2. This option should be attached with the history sheet of the employee and the option be duly noted in the History Sheet and in the LPC at the time of the employee.
3. In case of employees who have opted for pension, one copy of this undertaking may be sent to the Pension Fund Department, HO, New Delhi giving PF A/c No. thereon.

ANNEXURE 'A'

The Dy. General Manager,
PF & Pension Fund Department,
Head Office,
NEW DELHI.

Dear Sir,

**REG: 9TH BIPARTITE SETTLEMENT/JOINT NOTE DATED 27.04.2010 –
REVISION IN PENSION ON ACCOUNT OF WAGE REVISION.**

I am presently drawing Pension/Family Pension through your
_____ Branch in _____ Circle and my PPO No. is
_____.

I am eligible to get increase in monthly pension being paid to me on account of the recent revision of wages for Bank employees w.e.f. 01.11.2007. I request you to pay me such revised pension, at your earliest. I understand that you are agreeable to release such revised pension, effective from 01.11.2007, pending compliance of legal formalities connected with such revision, subject to my furnishing letter of authority/undertaking authorizing you to make recoveries of excess payments made if any, to me while giving the revised pension on an adhoc basis.

Accordingly, I hereby irrevocably authorize you to make any recoveries/adjustments out of my future pension, if it is revealed at any time that I have been paid such increased pension wrongly. I undertake to repay the amount immediately on demand, in lump sum. This undertaking/authority is irrevocable and binding upon me/my legal heirs/nominees as well.

I am also aware that revised pension being paid to me shall be effective from 01.11.2007 and that no arrears prior to said date is payable to me.

Yours faithfully,

Date :

Place:

(name of the pensioner)