Madam/Sir,

We are pleased to inform that Pension Scheme has been approved by Department of Commerce and being implemented in ITPO.

All superannuated employees, who were on ITPO rolls on 01/01/2007 and completed not less than 15 years of service in ITPO shall be covered by LIC Pension Plan.

Initial Contribution

The amount payable by ITPO for the period in respect of each employee shall @ of 7% of Basic Pay + IDA from 01.01.2007 onwards. The entire sum i.e. 7% of BP + IDA from 01.01.2007 till date of superannuation/VRS/Death shall be invested under LIC Pension Plan.

Further, already superannuated employees shall contribute Rs.5000/- by way of DD/Cheque drawn in favour of ITPO Employees Defined Contribution Superannuation Trust as one-time payment to become eligible for pension scheme. Further, it is optional for retired/VRS employees to contribute up to maximum of employer contribution.

It is clarified that the Spouse/Dependent of employee superannuated on or after 01.01.2007 and demised thereafter are also eligible to claim Pension after contribution of Rs.5000/- as stated above. Such cases would be dealt as per LIC Pension Scheme.

In order to implement LIC Pension Plan, it is expected to fill in enclosed LIC Pension form and submit alongwith DD/Cheque of said amount and requisite documents to Shri Gajraj Singh, Secretary, ITPO Employees Defined Contribution Pension Trust, Pragati Bhawan, Pragati Maidan, New Delhi 110001 on priority basis latest before 15.10.2017.

In case any clarification is required, it advised to contact Shri Gajraj Singh, Dy. Gen. Manager, Finance at qsingh@itpo.gov.in.



Annexure for Form No.04

(Application for Purchase of Immediate Annuity)

LIC of In Delhi Di Jeevan P	nager (P&GS) ndia visional Oflice Prakash, 6 th & 7 . Marg New De	th Floor								
Dear Sir,	Re: R			t in favor of men it Fund Mr. /Mr						
with the	Rules of the fu	nd and confirm	n the accuracy o		given below	Beneficiaries in accordance and agree that the said				
1. Name of the member on whose life annuity is to be effected:										
2. Address	s:									
Telephone No Mobile No										
 Date Date Mode PAN 	of Birth: of Commencer e of exit (Pl. Sp No. (Attach Ph	ment of Proposecify):	sed Annuity: fe Options only)							
Name Date of Bi										
8. Particu	lars of the Non	ninee:								
Sl. No.	Name		Date of Birth	Relationship	% Share	Address for Communication				
1.										
2.										
9. <u>Optio</u>	on to choose pe	<u>nsion</u>								
(i)	(i) Annuity for life									
(ii)	(ii) Annuity for life with return of Capital (ROC)									
(iii)	(iii) Annuity for 5 years certain & Life thereafter									
(iv)	(iv) Annuity for 10 years certain & Life thereafter									
(v) Annuity for 15 years certain & life thereafter										

Annuity for 20 years certain & life thereafter

Annuity for life increasing at a simple rate of $3\%\,\,p.a.$

(vi)

(vii)

(viii)	Annuity for life with a provision for 50% of the annuity payable to the spouse on death of the annuitant							
(ix)	Annuity for life with a provision for 100% of the annuity payable to the spouse on death of the annuitant							
(x)	Annuity for life with a provision for 100% of the annuity payable to the spouse on death of the annuitant with return of purchase price on death of last annuitant							
10. Mod	e of payment of pension ((specify): MLY / QLY / HLY / YL	.Y.					
11. Do y	ou want to transfer your a	annuity servicing to your nearest LI	C Divisional. Office specify a	rea				
12. Remi	ttance/Payment particula	rs of Purchase Price:						
A) 1 B) (C) 1	Purchase Price: Rs Cheque/DD/RTGS Partic Date of Deposit with LIC	eulars:						
Yours faithfully,								
(Signa	ture of the member)	(Signature of Tru	stee)					
On the lif	·	yment/annuity on the life of Mr./M		ledge receint				
On the life of Shri/Ms I, do hereby acknowledge re from the Life Insurance Corporation of India, of the sum of Rs (Rupees only) in settlement and discharge of all my/our claims and demands in r								
of Month	ly / Quarterly / Half year	ly / Yearly installment(s) of annuity in respect of the above A	y Rs due from*	inds in respect				
Dated at	this	day of20						
			Rever Stamp Re.1.	oof				
Name of	Shri/Ms.	Signature of member / Beneficiary						
		Attested by Trus	stees:					
			_					
Place:			oposer (Trustees) for self & on Employees' Superannua					