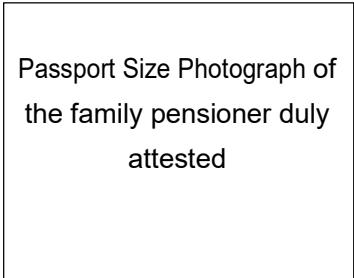


STATE BANK OF INDIA  
PENSION, P.F. & GRATUITY DEPT. (e-AB)  
LOCAL HEAD OFFICE, .....Circle

APPLICATION FOR FAMILY PENSION UNDER STATE BANK OF .....  
(EMPLOYEES) PENSION REGULATIONS, 1995

To,

The Trustees  
State Bank of .....(Employees) Pension Fund Trust (Now SBI)/SBI



Dear Sir/Madam,

**Exercise of option for families of resigned employees who have resigned from the service of the Bank on or before 26.04.2010 to join Pension Scheme: (As provided in 12<sup>th</sup> BPS/ 9<sup>th</sup> Joint Note dated 08.03.2024)**

**PARTICULARS OF DECESED EMPLOYEE/PENSIONER**

- 1. Name of the Deceased (resignee') Employee \_\_\_\_\_
- 2. Father's/Husband's Name \_\_\_\_\_
- 3. Gender \_\_\_\_\_
- 4. Date of Birth \_\_\_\_\_
- 5. P.F. No. \_\_\_\_\_
- 6. Designation \_\_\_\_\_
- 7. Date of Joining Bank's Service \_\_\_\_\_
- 8. Date of Resignation \_\_\_\_\_
- 9. Branch/ Office with code No. from where Employee resigned \_\_\_\_\_
- 10. Date of Death (attach Death Certificate) \_\_\_\_\_
- 11. Whether the Resignee' Employee was an Ex-serviceman \_\_\_\_\_
- 12. Last drawn salary (Basic Pay + PQP + incremental FPP + Special Pay) \_\_\_\_\_

**PARTICULARS OF THE CLAIMANT (FAMILY PENSIONER)**

- 13. Name of the Claimant \_\_\_\_\_
- 14. Marital Status of the Applicant \_\_\_\_\_
- 15. Relationship with the deceased resignee \_\_\_\_\_
- 16. Aadhar No. \_\_\_\_\_ & PAN \_\_\_\_\_
- 17. Income Details  
Monthly Income \_\_\_\_\_  
Source of Income \_\_\_\_\_

18. Full Address (with phone no.) \_\_\_\_\_

\_\_\_\_\_

19. Email ID \_\_\_\_\_

\_\_\_\_\_

**Particulars of Family of the deceased (including the claimant)**

20. Name	Relation	Date of Birth	Present Occupation
	With deceased		

21. Name of Branch & code no. through which the: Br. \_\_\_\_\_ Code \_\_\_\_\_  
family pensioner desires to draw the Pension

22. Account No. \_\_\_\_\_

23. Details of Bank's contribution towards PF      Amount in Full \_\_\_\_\_  
(along with accumulated interest thereon)      Date of Receipt \_\_\_\_\_  
received

24. In consideration of your having at my request agree to make payment of Family Pension of my husband/wife/father/mother(deceased) in terms of State Bank of .....  
(Employees') Pension Regulations, 1995, I hereby state and confirm as under

I. I am the rightful legal heir of my husband/wife/father/mother who had resigned from the bank and expired after resignation and eligible for receiving family pension in terms of regulation 39 and 40 of SBO..... (Employees) Pension Regulations, 1995.

OR

I am the legal guardian of minor \_\_\_\_\_ son/daughter of late Sh./Smt.....  
appointed by the court vide order dated \_\_\_\_\_ (copy of Court order attached).

OR

I, being natural guardian am entitled to receive Family Pension on, behalf of minor  
(name) \_\_\_\_\_ as per Regulation 39 and 40 of SBO.....  
(Employees) Pension Regulations, 1995.

II. I, further hereby agree and undertake to bind myself and my heirs, successors, executors and administrators to indemnify and keep indemnified the bank from and against any loss, expenses, costs and other monies suffered or incurred by the bank for making payment of the family pension to me by so relying on the above or any other information submitted by me and that in case any such information so furnished is found to be wrong and/or incorrect and any such instance of false or wrong information comes to the notice of the bank at a later date, I, irrevocably, authorize the bank to recover the difference/excess amount paid to me along with all losses, expenses, costs and other monies etc. aforesaid from my future family pension or any other account in the Bank in my name or through any other means or mode including the process of law.

III. I hereby undertake to keep the above particulars up-to-date by notifying to the Bank any addition or alteration.

25. I hereby declare that I have read and understood the terms of 12<sup>th</sup> Bipartite Settlement/ 9<sup>th</sup> Joint Note dated 08.03.2024 for extending another option to join Pension Scheme. I have understood that as per the terms of the said Settlement/ Joint Note, I have to refund to the Bank the entire Bank's contribution to Provident Fund (along with accumulated interest thereon) received by my husband/wife/father/mother at the time of his/her resignation or later from the Bank and family pension will be paid prospectively from the month following the month in which the Bank receives the contribution towards PF (along with accrued interest thereon) received by my husband/wife/father/mother at the time of resignation or later.

Yours faithfully,

Dated. \_\_\_\_\_

Place \_\_\_\_\_

Claimant

Forwarded in original to the PPG department, LHO.....(Controlling Authority) for onward submission to the PPG Dept. (e-AB), Local Head Office, ..... Sh./Smt. ....is eligible to receive family pension of late Sh./Smt.....(deceased employee) of our bank as per SBO..... (Employees') Pension Regulations, 1995. We, therefore, recommend payment of family pension to him/her and confirm that the particular given in the application are correct as per bank's record.

Dated. \_\_\_\_\_  
Place \_\_\_\_\_

**Signature of Head of Branch /Office**  
(with Seal)

Forwarded in original to the Trustees, through PPG Dept. (e-AB), Nodal Circle, Local Head Office, ..... for grant of family pension to the above named legal heir of the deceased and confirm the correctness of particulars given in the application.

Dated. \_\_\_\_\_  
Place \_\_\_\_\_

**Controlling Authority**  
(With Seal)

**CERTIFICATE OF RE-MARRIAGE/ NON-MARRIAGE**

(TO BE OBTAINED FROM WIDOW/WIDOWER/DAUGHTER OF THE DECEASED EMPLOYEE)

I hereby certify and declare that I have not married/ remarried after death of my husband / wife.  
And I further undertake to intimate the Bank as and when I marry / re marry.

OR

I have married / remarried on \_\_\_\_\_

Place: \_\_\_\_\_

Signature : \_\_\_\_\_

Date: \_\_\_\_\_

Name of Pensioner : \_\_\_\_\_

PPO No.: \_\_\_\_\_

Certified that the declaration made by Sh. / Smt. \_\_\_\_\_

W/H/D/o Late Sh. / Smt. \_\_\_\_\_ is correct to the best of our knowledge and

belief.

(Signature of Head of Branch /Office).

Branch: \_\_\_\_\_

Date: \_\_\_\_\_

**LETTER OF UNDERTAKING**

The Assistant General Manager,  
PPG Department (e-AB)  
State Bank of India,  
Local Head Office,....., Circle

Dear Sir,

**PAYMENT OF PENSION UNDER SBO.....  
(EMPLOYEES') PENSION REGULATIONS, 1995**

In consideration of your having at my request agreed to make payment of family pension due to me every month by credit to my account with you, I the undersigned, agree and undertake to refund or make good any amount to which I am not entitled or any amount which may be credited to my account in excess of the amount to which I am or would be entitled. I further hereby undertake and agree to bind myself and my heirs, successors, executors and administrators to indemnify the Bank from and against any loss suffered or incurred by the Bank in so crediting my pension to my account under the scheme and to forthwith pay the same to the Bank and also irrevocably authorise the Bank to recover the amount due by debit to my said account or any other account/deposits belonging to me in the possession of the Bank.

Yours faithfully,

Signature  
.....  
Name  
.....  
Address.....  
.....  
.....

Date :.....

Witness :

Signature .....  
Name :.....  
Address.....

**Signature of Head of Branch/ Office**

State Bank of India

Branch /Office:

Date: