

RINL EMPLOYEES' SUPERANNUATION BENEFIT FUND TRUST
Final Settlement Form

QMS/HR/M/F/15.07

Office Use only

To
The Secretary,
RINL Employees' Superannuation Benefit Fund
Trust, Rashtriya Ispat Nigam Limited,
Visakhapatnam Steel Plant,
VISAKHAPATNAM - 530031

Emp. no. <2,00,000	<input type="checkbox"/> Withdraw	<input type="checkbox"/> Annuity
Corpus Commutation	Yes / No	Portion –
Voluntary Contribution	Yes / No	Amount –
Annuity Service Provider	Max Life/LIC/SBI Life/HDFC/ICICI/SUD Life/ Bajaj Allianz Life/Kotak Life	
Annuity Option	Life/ Joint Life/ Life with RoC/ Joint Life with RoC	

Dear sir/madam,

I hereby give my consent to purchase the Annuity Scheme offered by _____ as indicated in the enclosed scheme details, out of Corpus standing to my credit in the Trust. The Annuity may please be released in my name. Required details are given as under: *(To be filled in Block Letters)*

1	Name of the Employee			
2	Name of the Beneficiary (in case of death)			
3	Employee No.	Gender		
4	Designation	Grade		
5	Department	Nationality		
6	Date of Birth of Member	in DD/MMM/YYYY format		
7	Date of Joining in RINL/VSP			
8	Date of Separation			
9	Reason for Separation (Superannuation/Death/Resignation/ Others)		Superannuation	
10	Separation Order No. & Date			
11	PAN No. of Self	Aadhar No. of Self		
12	Address of the Applicant	Door No.	Street	
		Mandal/City	Post Office	
		PIN	State	
		Mobile No.	email_id	
13	Option if Corpus < Rs.2.00 Lakhs, whether settlement to be done by		Withdrawal(*)/ Purchase of Annuity	
14	Whether Opting for Commutation of Corpus. (Max 1/3rd) . If yes, please specify the portion(*)		Yes / No Portion	
15	Whether desirous to contribute any Addition to the existing Corpus - Voluntary Contribution		Amount (RS.)	
16	Details of Bank of the Beneficiary	Name of the Bank		
		Bank Account No		
		IFS Code		
17	In case of Death of Employees , provide Nominee Particulars declared in the form of Appointment of Nominee of RINL ESBF by the Member			
	Name of the Nominee	Relationship	Date of Birth(enclose)	Gender % of share

(*) I agree for recovery of TDS on Income Tax, as per the Income Tax Rules.

Date:

SIGNATURE

Signature of the Member OR the Nominee# in Death Cases

Certified that the particulars stated at Column 1 to 10 are correct as per Personal Records.

Signature of HR Executive with seal

Enclosures - Self attested copies of the following

- Application of the Annuity Service Provider : Max Life/LIC/SBI Life/HDFC/ICICI/SUD Life/Bajaj Allianz Life/Kotak Life
- Copy of PAN Card of Self
- Copy of Aadhar Card of Self
- Copy of Aadhar Card of Spouse if Joint Life Option is selected
- Copy of Aadhar Card of Nominee/s if RoC Option is selected
- 1st Page of Bank Pass book or Cancelled Cheque
- Passport size photos of Self – 2 Nos.(Write your Emp. on the backside of your Photos and enclose in an envelope)
- # Death Cases - Each Nominee should apply in different copy of this form along with the Death Certificate