

Kindly note to send the following documents along with the application form duly attested by the Branch Manager.

- Excess pension paid to be recovered from the date of demise and raise IBTS at 7704, LHO Bengaluru responding **BGL A/C 98751**, and then send the scanned image of the IBTS.
- Death reporting to be updated in HRMS portal at Branch level.
- Original Death certificate or copy of death certificate duly stamped and verified by Branch Manager under S.S. No.
- KYC details i.e. Aadhaar Card/ Pan Card/Voter ID (verified under seal and signature by Branch Manager)
- Passbook Copy of Family Pensioner (verified under seal and signature by Branch Manager)

STATE BANK OF INDIA

_____ Branch / Office

Estt/Pen/

Dated

DATA REQUIRED FOR PAYMENT OF FAMILY PENSION

1. Name of the official (Deceased)

2. Employee Number/ HRMS No.

3. Designation

4. Branch

5. a) Date of Birth

b) Date of Joining

c) Date of retirement/ death / etc.,

6. Whether opted for pension

7. Name of the Family Pensioner

8. Branch through which pension

is to be disbursed to Family Pensioner:

9. S.B. Account No. of Family Pensioner :

10. Age of the Family Pensioner

11. Date of birth of the family Pensioner

12. Details of salary Last drawn are furnished hereunder:

Year & Month	Basic Pay	Spl. Allow Ranking For P.F. Rs.	PQA/ EON. ALLOW Rs.	Increment component of F.P.A Rs.	SPL PAY Rs.	TOTAL

13. TRIBUTE PAID : YES / NO

**** (Deceased on or after 23-07-2025 as per Circular No.CDO/P&HRD-PPFG/18/2025-26 dated 23.07.2025)**

This is to certify that the particulars furnished above are correct and copy of death certificate is enclosed.

..... Manager

Branch Seal

Date:

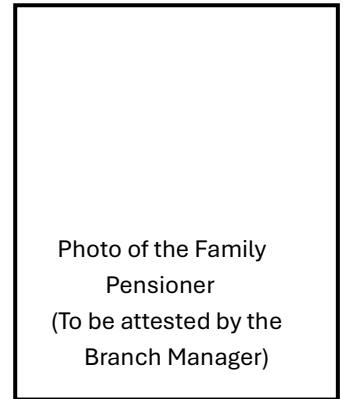
Place:

Please enclose a copy of the Death Certificate duly attested.

OPTION FOR FAMILY PENSION PENSION

Annexure - "C"

To,
The Assistant General Manager
Provident Fund, Gratuity & Pension Dept.,
Head Office



I hereby declare that I have read and understood the State Bank of India Employee's Pension Scheme, 1995 and I hereby opt for the Bank's Pension schemes per the provisions of the said Scheme.

Name of the Family Member

Relationship

Name in full of the Deceased Employee

Designation & Branch last working Employee No.

Present Residential Address &

Phone No.

Signature of the Family
Member of the
Deceased Employee

(Signature Attested)

Branch Manager/ Head Office of the Dept. with
seal

Note : Addition/ alterations in the text of the above form will render the option invalid.

STATE BANK OF INDIA

LOCAL HEAD OFFICE, BANGALORE 560001

ANNEXURE TO FORM 7

Undertaking to be given by the widow/ widower/ eligible child applying family pension under SBI Employees Pension Scheme, 1995 .

Date:

I widow/ widower / son /
daughter of late Shri / Smt.
(P. F. No) who was working at office / branch as
..... and expired on
hereby declare that I have read and understood the SBI Employees (Pension) Regulations, 1995
and subsequent amendments and I wish to draw Family Pension as a FIRST Eligible family member
of late Shri / Smt.. ..

2. I undertake to refund the entire amount of Family Pension received from the Bank (State Bank of India) in case the above declaration proves to be false at any time in future.

Signature with date

Name and Address (With Phone No.):

PF / HRMS No.
S B I EMPLOYEES' PENSION FUND
DECLARATION-CUM-LIFE CERTIFICATE
(FAMILY PENSIONER)

WIFE

I Smt. _____ widow of late Shri _____ (PF Index No. _____) a deceased employee/pensioner hereby declare that I have not remarried till date. I undertake to inform the Bank in the event of any change in this position.

ELDEST SON

I Shri _____ eldest son of late Shri _____ (PF Index No. _____) a deceased employee/pensioner hereby declare that I am not employed/*gainfully employed till today, the day of _____ 200 /I am employed and my monthly income from such employment is Rs. _____. I undertake to inform the Bank as soon as there is a change in this position.

ELDEST DAUGHTER

I, Kum. _____ eldest unmarried daughter of late Shri _____ a deceased employee/pensioner hereby declare that I am neither married nor employed/*gainfully employed till today, the _____ day of _____ 200 /I am employed and my monthly income from such employment is Rs. _____. I undertake to inform the Bank as soon as there is a change in this position.

⇒
Signature/LTI of Wife/ Address : _____ Signed in my presence
Eldest Son/Eldest Daughter _____ Branch Manager/Gazetted Officer
Date : _____ (Office Seal)

FOR WIFE/ELDEST SON/ELDEST DAUGHTER

Certified that Smt/Shri _____ Wife/Son/Daughter of late Shri _____ a deceased employee/pensioner of the Bank

⇒
Signature/LTI of Wife/Eldest Son/Eldest Daughter
FOR LEGAL GUARDIAN

I Smt/Shri _____ legal guardian of Master/Miss _____ eldest son/daughter of late Shri _____ a deceased employee/pensioner of the Bank hereby declare that Master/Miss _____ is alive as on this date, the day of _____ 20____ and undertake to intimate the Bank as soon as there is a change in this position.

⇒
Signature/LTI of the legal guardian Signed in my presence of Master/Miss _____ Eldest Son/Daughter of the deceased Employee/pensioner

Date : _____ Branch Manager/Gazetted Officer
Office Seal) appeared before me today and signed/ affixed his/her LTI below in my presence.

ACKNOWLEDGEMENT

Received Life Certificate from Shri/Smt (PF Index No. _____) for the year _____

Branch Manager (Seal) Branch :
Date :

STATE BANK OF INDIA

Branch / Office _____ Code _____

SBI TRIBUTE PAYMENT OF Rs.30,000/-

An IBTS amount of Rs.30,000.00 was raised on _____ regarding gesture amount under SBI TRIBUTE as per circular no **CDO/P&HRD-PPFG/18/2025-26 dated 23.07.2025** to family pensioner / family member.

IBTS scan copy and death certificate copy are enclosed along with this application.

Particulars	Remarks
Name of deceased	
PF No	
Date of death	
Date of intimation received by the Nodal Branch	
Name & Designation of the Branch Manager/ HR Officials & date of condolence visit	
Name & relation of the person to whom gesture amount & condolence letter delivered	
Death marked in HRMS (Yes/No)	
Gesture amount paid medium (Account credit/ DD/BC)	
Account number / DD No / BC No	
Family pension application has been sent (Yes/No)	

Date:

**Branch Manager
Seal & Signature**