



STATE BANK OF MYSORE

HEAD OFFICE, BANGALORE - 560 009.

ANNEXURE TO FORM 7

Undertaking to be given by the widow / widower / eligible child applying family pension under
SBM Employees Pension Scheme 1993.

Date :

Iwidow / 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 SBM Employees (Pension) Regulations 1993
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 Mysore) in case the above declaration proves to be false at any time in future.

Signature with date

Name and Address :

Form 8
CERTIFICATE TO BE SUBMITTED BY PENSIONER
I. LIFE CERTIFICATE

Certified that I have seen the pensioner Sri / Smt.....
 and that is he / she is alive on this day, the.....

Signature of the pensioner
 with date

Branch Manager
Branch
 with seal

(to be obtained once a year preferably as on 31st October every year)

II. Non-Employment, Re-Employment Certificate

i) I declare that I have not been serving in any commercial or other institution / public sector undertaking / autonomous body / society or nationalised bank during the year ended 31st March 20.....

OR

ii) I declare that I have been employed / re-employed in the.....
office and is in receipt of the following emoluments during the
 year ended 31st March 20.....

- a) Pay
 Special Pay
 Allowance (including DA, ADA. etc.,)
- b) Honorarium

iii) I declare that I have not accepted any commercial employment in India.

OR

I declare that I have accepted commercial employment in India after obtaining previous sanction of the competent authority of State Bank of Mysore.

OR

I declare that I have accepted commercial employment in India without obtaining previous sanction of the competent authority of State Bank of Mysore.

(The declaration is required to be given for a period of two years from the date of retirement)

Certificate of Non-Remarriage / Non-Marriage

I hereby declare that I am not married. I have not married during the past six months.

OR

I hereby declare that I have not been re-married and I undertake to report such an event promptly to the Bank.

(Applicable only for widow/widower recipient of family pension to be furnished only once)

Place :

Date :

Signature of the pensioner
 With address & A/c No :



STATE BANK OF MYSORE

Branch / Office

Estt/Pen/.....

Dated

DATA REQUIRED FOR PAYMENT OF FAMILY PENSION

1. Name of the Official (Deceased) :
2. Employee Number :
3. Designation :
4. Branch :
5. a) Date of birth :
- b) Date of Joining :
- c) Date of retirement / death / etc., :
6. Whether opted for pension : (Registration No.)
7. Name of the Family Pensioner :
8. Branch through which pension is to be disbursed of Family Pensioner : Code No.
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 Rs.	Spl. Allow Ranking For P. F. Rs.	PQA/EDN. Allow Rs.	Increment Component of F. P. A. Rs.	SPL PAY Rs.	TOTAL Rs.

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

Date :

..... Manager

Place :

..... Branch

Seal

OPTION FOR FAMILY PENSION

Annexure - 'C'

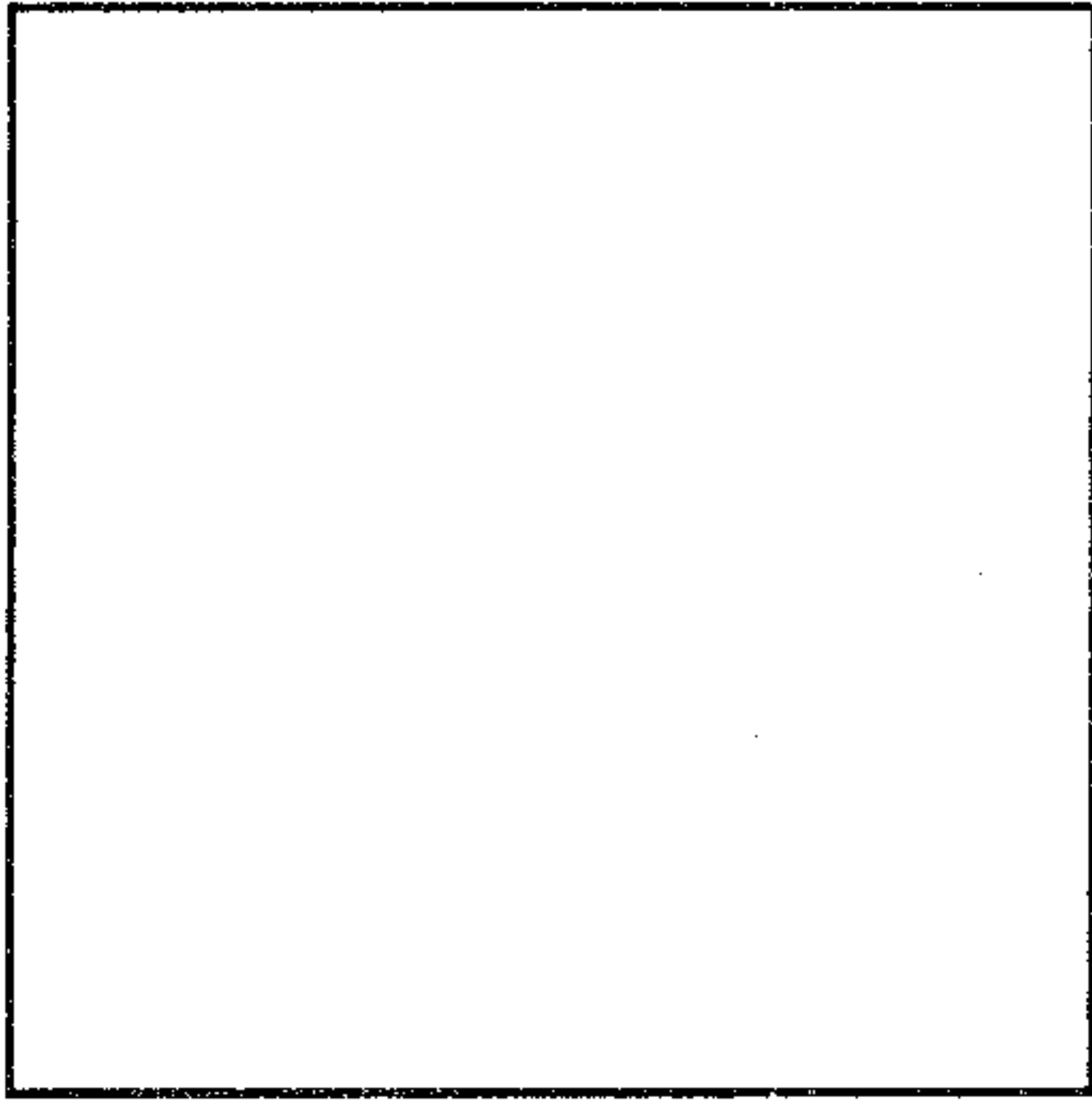


Photo of the Family Pensioner
(To be attested by the Branch Manager)

To,

The Chief Manager
Provident Fund, Gratuity & Pension Dept.,
Head Office

I hereby declare that I have read and understood the State Bank of Mysore 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 of the Dept.
with Seal

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