



# 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 : (Registration No. ....)
7. Name of the Family Pensioner :
8. Branch through which pension  
is to be disbursed to 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	Spl. Allow Ranking For P.F. Rs.	PQA / EDN. ALLOW Rs.	Increment component of F.P.A Rs.	SPL PAY Rs.	TOTAL

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

Date : .....Manager

Place: .....Branch

Please enclose a copy of the Death Certificate duly attested.

Seal

## OPTION FOR FAMILY PENSION

Annexure - "C"

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



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

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 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 - 560 001

## ANNEXURE TO FORM 7

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

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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 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 (With Phone No):

PPO NO.

**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 receipt of family pension to be furnished only once)

Place :  
Date :

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