

UNION BANK OF INDIA, CENTRAL OFFICE, MUMBAI
FOR PENSION OPTEE ONLY

FORM NO.3
APPLICATION FOR GRANT OF PENSION ON RETIREMENT

To
The General Manager (P)
Department of Personnel
Union Bank of India
239, Vidhan Bhavan Marg
Nariman Point
Mumbai 400 021.

Passport size
PHOTOGRAPH
alongwith spouse duly
attested by Branch
Manager/Departmental
Head

I retired / will retire from the Bank's service with effect from _____ and have opted for Union Bank of India Employees' Pension Scheme. Please sanction the pension as per the rules of the Bank. I desire to draw my pension from _____ Branch and request you to credit the monthly pension to my SB A/c No. _____ with _____ Branch, _____ Zone.

The necessary details are as under :

1. Name in full :
2. PF No. :
3. Date of Birth :
4. Date of Joining :
5. Designation at the time of joining :
6. Branch/Department last worked : Zone
7. Designation at the time of cessation :
Of service
8. Date of cessation of service and reason : Retirement/Vol. Retirement, etc.
9. Addition to qualifying service in terms :
Of Pension Regulations (applicable for the
employees joined as specialists)
10. Name of the spouse :
11. Date of birth of spouse :
12. Data of family members :

S.No.	Name	Relationship	Date of Birth
i.			
ii			
iii			
iv.			
v.			

I hereby declare that information furnished above is true to the best of my knowledge and I shall give any other information as and when required by the Bank.

Signature
Address

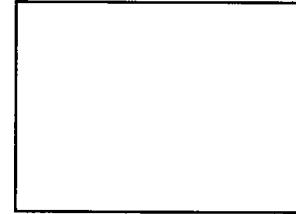
Place:
Date :

ENSURE TO ENCLOSE AN ADDITIONAL PASSPORT SIZE PHOTOGRAPH JOINTLY WITH SPOUSE.

FORM -4

**(Application for grant of Family Pension
On the death of the Employee/Pensioner).**

The Dy. General Manager(P),
Department of Personnel
Union Bank of India
Central Office
Mumbai 400 021.



Sir,

I regret very much to inform you of the said demise of my husband/wife Shri/Smt.
_____ on _____. The relative death certificate is enclosed.

1. Details of the applicant
A. Full Name

- i) Widow/Widower
- ii) Son/Daughter
- iii) Guardian if the deceased person is survived by minor child or children

B. S.B. A/c. No.(Individual). : Branch: Zone:

2. Name & age of the surviving widow/widower and children of the deceased employee/pensioner.

Sr. No.	Name	Relationship with the deceased person	Date of birth by Christian era	Occupation, if any

3. **Details of the deceased employee/pensioner**

- i) Full Name :
- ii) PF Number :

- iii) Designation :
- iv) Branch/Dept. last worked & Zone :
- v) Date of death :
- vi) Pension payment order number :

4. **Enclosures**

- 1. Passport size photographs of the applicant duly attested.
 - 2. Certificate(s) of age (attested copies) showing the date of birth of the children. The certificate should be from the Municipal Authorities or from the head of the recognized school, if the child is studying in such school.
5. Indicate whether family pension is admissible: from any other source Military or State Government and /or a public sector undertaking/ autonomous body/local fund under the Central or State Government.

Signature attested

Br. Manager/Departmental Head

Signature of left hand thumb
Impression of the applicant in
case of illiterate

Date:

Full residential Address:

Witness:

- 1. Name:
- Address

Signature

- 2. Name:
- Address

Signature

UNION BANK OF INDIA, CENTRAL OFFICE, MUMBAI

FOR PENSION OPTEE ONLY

FORM NO.5

**APPLICATION FOR COMMUTATION OF PENSION WITHOUT MEDICAL
EXAMINATION (to be submitted within one year from the date of retirement)**

To
The General Manager (P)
Department of Personnel
Union Bank of India
239, Vidhan Bhavan Marg
Nariman Point
Mumbai 400 021.

Space
For affixing
attested
Passport size
PHOTOGRAPH

Dear Sir,

I retired / will retire from the Bank's service with effect from _____ and have opted for Bank's Pension Scheme. I desire to commute a fraction of my pension in accordance with the Union Bank of India Employees' Pension Regulations 1993. The necessary particulars are furnished below :

1. Name in full (in BLOCK letters) :
2. PF No. :
3. Designation at the time of retirement :
4. Branch/Office last worked :
5. Date of Birth (as per Bank's Service Record) :
6. Date of joining the Bank :
7. Date of retirement :
8. Class of Pension :
9. Fraction of pension proposed to be computed :
Not exceeding $1/3^{\text{rd}}$ thereof :
10. S.B. Account & Branch where pension payable : S.B.A/c.No. :
Branch :
Zone :

Signature :
Address :

Place:
Date :

ACKNOWLEDGEMENT

Received from Shri/Smt./Kum.
Application for commutation of Pension

Place:
Date :

Branch Manager / Departmental Head
Branch/Dept.

UNION BANK OF INDIA, CENTRAL OFFICE, MUMBAI

FORM NO.8

NOMINATION FORM FOR COMPUTED VALUE OF PENSION/ARREARS OF PENSION

From: Shri/Smt./Kum. _____ Retired as _____ PF No. _____ Address _____ _____	To The General Manager (P) Department of Personnel Union Bank of India Central Office 539, Vidhan Bhavan Marg Mumbai - 400 021.
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Dear Sir,

I _____, hereby nominate the person/persons mentioned below, who is/are members of my family to receive, to the extent specified against their names, the amount of commuted value of Pension/arrears of Pension in the event of my death, which has become payable and remained unpaid.

Sr.No.	Full Name and Address of the Nominee	Relationship with Pensioner	Age	Share/Proportion in which commuted value of pension/arrears payable to each nominee

(In case of nominee being minor, please give date of birth, name and address of the guardian who may receive his share.)

Dated at _____ this _____ day of _____ 20

Signature/Thumb Impression
Of the pensioner

Witnessed by :

1. Signature :
Full Name :
Address :

2. Signature :
Full Name :
Address :



FORM NO. 5A (PART I)

**APPLICATION IN DUPLICATE FOR COMMUTATION OF
PENSION SUBJECT TO MEDICAL EXAMINATION**

To,

The General Manager(P)
Department of Personnel,
Union Bank of India,
239, Vidhan Bahavan Marg,
Mumbai 400 021.

Space for affixing
attested
passport size
photograph

Dear Sir,

I desire to commute a fraction of my pension in accordance with Union Bank of India Employees' Pension Regulations, 1995. An attested copy of my photograph is affixed on the application and an unattested copy is enclosed. The necessary particulars are furnished below:

1. Name in full (in block letters) :
2. PF No :
3. Designation at the time of retirement :
4. Branch/Office last worked :
5. Name of the Region :
6. Date of birth :
- (as per Bank's service record)
7. Date of Joining the Bank :
8. Date of retirement :
9. Class of Pension :
10. Fraction of pension proposed to be commuted not exceeding 1/3rd thereof :

11. S. B. Account

12. Branch where pension is payable :

13. Name of the Region :

(Signature)

Address :

Place:

Date :

ACKNOWLEDGEMENT

Received from Shri/Smt. /Kum _____

Application for commutation of Pension subject to Medical Examination.

Branch Manager/Departmental Head

Branch/Dept. _____

Place:

Date :

FORM NO. 7 (PART- I)

**DECLARATION BY THE PENSIONER FOR
FACILITATING MEDICAL EXAMINATION
BY THE BANK'S MEDICAL OFFICER**

Space for affixing
attested
passport size
photograph

The applicant must complete this statement prior to his examination by the Bank's Medical Officer and must sign the declaration appended thereto in the presence of Bank's Medical Officer.

1. Name in full (in block letters) :
2. Date of birth (as per Bank's service record) :
3. Particulars regarding parents
 - a) Father's age, if living & state of health :
 - b) Father's age at death and cause of death :
 - c) Mother's age, if living & state of health :
 - d) Mother's age at death and cause of death :
4. Have you been considered for grant of invalid Pension?
If so, state the ground thereof :
5. Have you been granted leave on medical certificate during the last three years of your service?
If so, state periods of leave and nature of illness :

6. Have you during the last three years period :
(a) suffered from any major illness requiring hospitalization?
If so, the nature of illness & period of hospitalization may please be indicated; or :
(b) undergone any major surgical operation:
(c) lost or gained weight markedly :
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DECLARATION BY THE APPLICANT

(To be signed in the presence of the Bank's Medical Officer)

I declare all the above answers to be, to the most of my belief, true and correct.

I am fully aware that by willfully making a false statement or concealing a relevant fact, I shall incur the risk of losing the commutation.

Place:

Date:

Applicant's signature or thumb impression in case of illiterate applicant

Signature of Bank's Medical Officer

FORM NO. 7 (PART II)

Medical details of the Pensioner

(To be filled by the examining Medical Officer)

1. Apparent Age :

2. Height :

3. Weight :

4. Describe any scars or identifying marks of the applicant:

5. Pulse rate :

- (a) Sitting
- (b) Standing

What is the character of pulse?

6. Blood Pressure

(a) Systolic

(c) Diastolic

7. Is there any evidence of disease of the main organs? :

- (a) Heart
- (b) Lungs
- (c) Liver
- (d) Spleen
- (e) Kidney

8. Investigations (wherever considered necessary by

the Bank's Medical Officer) :

- (i) Urine (State specific gravity)
- (ii) Blood
- (iii) X-ray Chest
- (iv) E.G.G.

9. Any additional finding :



FORM NO. 7 (PART III)

(Certificate of fitness for payment of Commutation of Pension)

(To be filled by the examining Medical Officer)

I/We have carefully examined Shri/Smt./Kum. _____ and
am/are of opinion that

He/She is in good bodily health and has the prospect of an average duration of life.

OR

He/She is not in good bodily health and is not a fit subject for

OR

Although he/she is suffering from

he/she is considered fit subject for commutation but his/her age for the purpose of
commutation, i.e. the age next birthday should be taken to be _____ (in
words) years more than his/her actual age.

Place :

Date :

Signature and designation of
examining Medical Officer

FORM NO.8

NOMINATION FORM FOR COMMUTED VALUE OF PENSION/ARREARS OF PENSION

From:

Shri / Smt/ Kum. _____

Retired as _____

P.F. No. _____

Address _____

To,

The General Manager(P)
 Department of Personnel,
 Union Bank of India,
 239, Vidhan Bahavan Marg,
 Mumbai 400 021.

Dear Sir,

I _____, hereby nominate the person/persons mentioned below, who is/are members of my family to receive, to the extent specified against their names, the amount of commuted value of Pension/arrears of Pension in the event of my death, which has become payable and remained unpaid.

Sr.No.	Full Name and Address of the Nominee	Relationship with Pensioner	Age	Share/Proportion in which commuted value of pension/arrears payable to each nominee

(In case of nominee being minor, please give date of birth, name and address of the guardian who may receive his share.)

Dated at _____ this _____ day of _____ 20

Signature/Thumb Impression
Of the pensioner

Witnessed by :

1. Signature :
Full Name :
Address :

2. Signature :
Full Name :
Address :

From : Regional Office,	To: The General Manager (P), Department of Personnel, Central Office
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REF. NO.

DATE :

WORKSHEET FOR SANCTION OF PENSION
PART A

1. Name of the Employee : _____
2. P.F. No. : _____
3. Date of Birth : _____
4. Date of Joining : _____
5. Date of cessation of service : _____
6. Reason of cessation of service : **Superannuation / Voluntary Retirement/Death**
(Copy of Relieving Order to be attached)
7. Designation at the time of Cessation of service : _____
8. Branch/Department last worked : _____
9. Qualifying Service : _____ Years
10. Whether departmental or judicial proceedings instituted / pending. : Yes / No
If yes, give details.

11. Emoluments drawn during 10 months prior to cessation of service

Month & Year	Basic Pay	Allowances Qualifying for P.F. & D.A.	Increment Component of Fixed Personal Allowance	Allowance qualifying for P.F. only
	Rs.	Rs.	Rs.	Rs.
TOTAL				

12. Amount of Provident Fund Bank's Contribution Paid : Rs. _____

13. Date of PF Payment :

Sr. Manager (P)/Chief Manager (P)

LETTER OF UNDERTAKING FOR RECOVERY OF EXCESS PAYMENTS
MADE ON ACCOUNT OF PENSION SETTLEMENT

To
The General Manager (P),
UNION BANK OF INDIA,
Department of Personnel,
Terminal Benefits Division,
Pension Fund Section,
Central Office,
Mumbai-400021.

Dear Sir,

I have been sanctioned Pension / Family Pension as per Staff Circular No.5690 dated 27th August 2010 under Union Bank of India (Employees') Pension Regulations, 1995. As per the said circular, I am eligible to get the commutation/ arrears on my pension. I understand that you are agreeable to release such commutation / arrears of pension subject to my furnishing letter of authority / undertaking authorizing you to make recoveries of excess payments made if any to me while giving the commutation / arrears of pension.

Accordingly, I hereby irrevocably authorize you to make any recoveries / adjustments out of my future pension, if it is revealed at any time that I have been paid pension wrongly. I undertake to repay the amount immediately on demand, in lump sum. This undertaking / authority is irrevocable and binding upon me / my legal heirs/ nominees as well.

Yours faithfully,

Place :

Date:

.....
Signature

Name of the pensioner:.....
/ Family pensioner
Pension Payment Order No.....

Employee's P.F. No. :.....

Telephone/Mobile No.....