

Application for Family Pension in respect of e-SBT Pensioners

Please find attached Application Form For Family Pension, along with the formats of Life Certificate and Letter of Undertaking to be submitted by the family pension applicant.

DEATH REPORTING OF THE DECEASED PENSIONER SHOULD BE DONE THROUGH HRMS SYSTEM, BY ANY STAFF OTHER THAN BRANCH MANAGER AND TO BE APPROVED BY THE BRANCH. *(Death reporting is available only from 1st to 20th of every month in HRMS System).*

The following particulars are to be enclosed with the application :-

- ❖ Copy of Death Certificate – **Must be attested by Branch Manager**
- ❖ Copy of photo ID proof & Address proof of Applicant Family Pensioner – Aadhar Card / Voter ID Driving License / Pan Card – **Must be attested by Branch Manager**
- ❖ Copy of Ration Card (The name of retired employee & spouse duly mentioned) OR Family Membership Certificate - **Must be attested by Branch Manager**
- ❖ Photo of Family Pensioner to be affixed in the Family Pension Application form must be attested by Branch Manager.
- ❖ The original Pension Pass book / PPO issued by PPG Department to the retired employee - **To be enclosed with the application.**
- ❖ SB account particulars to be filled in the application form – **Singly operated account– in name of Family Pensioner (OTHER THAN JANAPRIYA SB ACCOUNT)**
- ❖ Application to be **recommended by Branch Manager** and forwarded to “The Assistant General Manager, PPG Department, State Bank of India, Local Head Office, Poojapura, Thiruvananthapuram – 695 012”.

APPLICATION FOR FAMILY PENSION

Application for Family Pension (Under State Bank of Travancore (Employees)
Pension Regulations 1995).

(Photo)
to be attested by
Branch Manager

I. PARTICULARS OF THE DECEASED EMPLOYEE/ DECEASED PENSIONER

1. Name of the deceased employee / deceased pensioner	
2. Employee Code no. if any	
3. Name of Branch/office to which the employee was last attached	
4. Designation of the employee at the time of retirement /death	
5. a. Date of birth of the deceased employee / pensioner	
b. Age at the time of death	
6. a. Date of retirement of the deceased pensioner	
b. Date of death of the employee/ pensioner	
7. Pension option Registration No. of the deceased employee/ Pension code No. of the deceased pensioner	

II PARTICULARS OF THE CLAIMANT (FAMILY PENSIONER)

1. Name of the Claimant	
2. Relationship with the deceased	
3. Date of birth of the claimant	
4. Age of the Claimant	
5. Full address with Pincode of the Claimant (in capital letters)	
Phone No:	
6. Whether opted for / drawing family pension from defence service/ any other organisation	

7. Name and address of the members of family of the deceased employee / pensioner(in the order of age including that of the claimant)

NAME	RELATIONSHIP WITH THE DECEASED	DATE OF BIRTH	MARITAL STATUS	PRESENT OCCUPATION

8. Name of the Branch through which the family pensioner desires to draw the pension.
SB Account No:

Declaration

- 1) I have not married after the death of my husband / wife who was an employee / pensioner of your Bank. I shall inform the Bank as soon as I remarry. (applicable for widow/ widower of the deceased employee/ pensioner.
- 2) I declare that I am not married as on date and note to intimate the Bank the date on which I get married. I also declare that I will stop drawing the family pension from the date of my marriage/ remarriage /employment (Applicable to daughters of the deceased employee/ pensioners.)
- 3) I declare that I am neither employed in Govt/ private sector / nor I am self employed.
- 4) I hereby declare that I have not opted for / drawing family pension from defence service / any other service.
- 5) I hereby undertake to keep the particulars relating to my family up to date by notifying any change that may occur hereafter to the Chief Manager,Pension Provident Fund and Gratuity Section and to the Branch Manager from where the family pension will be drawn.
- 6) I declare that the above particulars are correct and as provided under chapter VII of SBT (Employees) Pension Regulation I am the entitled family pension claimant of the deceased employee/ pensioner.

Place:
Date:

Signature of the Family Pension claimant
Name

For State Bank of Travancore

Branch Seal

Chief/ Branch Manager

Documents to be attached with application.

- 1) Photocopy of death Certificate duly attested by Branch Manager
- 2) ID card of the claimant duly attested by the Branch Manager
- 3) Copy of Ration Card duly attested by BM

III. HISTORY OF SERVICE - BIO-DATA

(To be filled in by (a) the Branch Manager

1. Name of the deceased employee				
2. Name of the branch / office where last employed				
3. Pension Option Registration No.				
4. Appointment held at the time of Death a. If PTS scale of wages last drawn				
5. Date of Joining the Bank				
6. Date of Retirement / Death				
7. Date of Birth				
8. Age at the time of Death				
9. Nomination details of the Pensioner (for pensioners only)				
10. Pay and Allowance last drawn	BP	Spl. Allow	PQP	FPP

We have made discreet enquires to ascertain the identity of the claimant. We recommend that Family Pension may be sanctioned to Smt. / Sri. _____
wife of / husband of Smt. / Sri. _____

Place:

Date :

Branch Manager / Head of the Dept

Branch Seal

CERTIFICATES TO BE SUBMITTED BY PENSIONER

STATE BANK OF INDIA

ANNEXURE - A

Branch Name : Branch Code :

SB A/C No. : Category : Def./Central/Rail/Telecom/State/Staff

I. Life Certificate

Certified that I have seen Pensioner Shri./Smt..... holder of Pension Payment Order No..... and A/c No..... and that he / she is alive on this date.

Signature of Pensioner

Signature with SS No. :
Date :
Name :
Designation :
Seal :

Name :
Place :
Date :

ADDITIONAL INFORMATION

I submit herewith additional details as under :-

- 1. Income Tax Permanent Account Number (PAN) : _____
- 2. Mobile Number : _____
- 3. Date of Birth of the Pensioner / Spouse : _____
(Proof of Date of Birth attached)
- 4. Aadhar Number : _____
- 5. Email Address : _____

Signature of the Pensioner

Name of the Pensioner : _____
Aadhar Number : _____
Savings Bank Account No. : _____

II. Non-Employment Certificate

* I declare that I have not received any remuneration for serving in any capacity in the establishment of the Central Government or a State Government or a Government undertaking or from a Local Fund during the period November to April 20___, May 20___ to October 20___.

* I declare that I have been employed / re-employed in the Office of _____ and was in receipt of the following emoluments during the period (to be specified).

* I declare that I have not accepted any employment under any Government outside India or Commercial Employment after obtaining / without obtaining sanctioning of the Director / CSIR (to be furnished by Class I Officer only)

* Strike out whichever is not applicable.

Place :
Date :

Signature of Pensioner

III. Certificate of Re-marriage / Non-marriage

I hereby declare that I am not married / I have not been re-married during the past six months and shall inform the Bank as soon as I marry / re-marry.

Signature of Pensioner

I certify to the best of my knowledge and belief that the above declaration is correct.

Signature of the responsible Officer or a well-known person)

Place :
Date :

Name :
Designation :

LETTER OF UNDERTAKING BY THE PENSIONER

Date : _____

To

The Branch Manager,
State Bank of India,
_____ (Branch),
(Address) _____

Dear Sir,

Name of the Pensioner / Family Pensioner :

Payment of Pender under P.P.O. No. _____
SB Account No. _____ through your Bank.

In consideration of your having at my request, agreed to make payment of Pension due to me every month by credit to my account with you, I, the undersigned agreed and undertake to refund or make good any amount to which I am not entitled or any amount which may be credited to my account in excess of the amount to which I am or would be entitled. I further hereby undertake and agreed to bind myself and my heirs, successors, executors and administrators to indemnify the Bank from and against any loss, suffered or incurred by the Bank in so crediting my Pension to my account under the Scheme and forthwith pay the same to the Bank and irrevocably authorised the Bank to recover the amount due by debit to my said account or any other account / deposits belonging to me in the possession of the Bank.

Place :

Yours faithfully,

Date :

Signature : _____
Name : _____
Address : _____

Witness :-

Signature : _____
Name : _____
Address : _____

Signature : _____
Name : _____
Address : _____

Date : _____

Date : _____