



Form VI

[See regulation 39 (9)]

Name of the Bank : UTKAL GRAMEEN BANK

Application for Commutation of Pension without Medical Examination
(to be submitted within one year from the date of retirement)

To

Designated Authority

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 UGB Bank (Employee's) Pension Regulations, 2018.

The necessary particulars are furnished below:

Space for
Affixing
attested
passport
size
photograph

Name in full (in block letters) : _____

Designation at the time of Retirement : _____

Name of Office/Department from which retired : _____

Date of birth (as per Bank's Service Record) : _____

Date of Retirement : _____

Class of Pension : _____

Fraction of Pension proposed to be Commuted not exceeding 1/3rd thereof. : _____

Place :

Signature

Address: _____

Acknowledgement

Received from Shri/Smt/Kum _____ application
for commutation of Pension.

Former Designation

Place :

Date :

(Signature of Designated Authority)