To The Chairman, Utkal Grameen Bank,

Head Office, Bolangir-767001

Affix joint Photograph with spouse duly attested by **Branch Manager**

(Single Photo for widower/widow applicants)

Dear Sir,

APPLICATION FOR PENSION/FAMILY PENSION /COMPASSIONATE ALLOWANCE

I furnish hereunder all required information / documents and request you for release of my Pension/ Family Pension in terms of Utkal Grameen Bank (Employees') Pension Regulations, 2018.

| 1 | Full Name of Staff in Capital Letter | | | | |
|---|--------------------------------------|----------|---|------------------|--|
| 2 | Cadre/Grade | | 3 | Dt. of Birth | |
| 4 | PF A/C No. | OR/1560/ | 5 | UAN No | |
| 6 | PAN No(.#) | | 7 | Aadhaar No (#) | |
| 8 | Mobile No | | 9 | Email ID(if any) | |

(# Self attested Photocopies of PAN & Aadhar to be submitted)

| ıor | 1 |
|-----|------|
| 5 | sior |

| 10 | Name of Claimant | | | |
|----|----------------------------------|----|--------------|--|
| 11 | Relation with the Deceased Staff | 12 | Dt. of Birth | |
| 13 | Monthly Income(Rs) | 14 | Mobile No. | |

| 15 | (a) Date of Joining in Bank's service. | |
|----|---|--|
| | (b) Date of Retirement from Bank's service. | |
| | (c) Date of Death (in case of deceased) | |
| 16 | Type of Exit. (Superannuation / Death) | |
| 17 | Name of Branch / Office, where retired/expired. | |
| 18 | Period of Suspension, if any, during the service career in the Bank. | |
| 19 | Period of Break in Service (if any), due to EOL/ Suspension/ Punishment etc. | |
| 20 | Full Postal Present address with | |
| | PIN for communication | |
| | | |
| | | |

| 21 | If, opting for commutat | | fraction | | | | |
|-------|--|---|------------|--------|-------------|--------------------|--------------------|
| | of Pension to be commuted. (i) Name of the Pension Servicing Branch | | | | | | Br |
| 22 | | of Utkal Grameen Bank, opted for | | | | | Code |
| | (ii) Savings Bank Ac | (ii) Savings Bank Account Number opened | | | | | <u> </u> |
| | jointly with Spous | se. | | | | | |
| 23 | Declaration Regarding | na Submission | of Author | isatio | n Letters i | n terms of Staff C | ir.01 of 2019 |
| (a) | Date of Submission | of Format-1 for | | | | At Branch | |
| . , | retired/ deceased aft | | | | | | |
| (b) | Date of Submission retired between 01/0 | | | | | At Branch | |
| (c) | Date of Submission | | | / | | At Branch | |
| | for staff deceased af | fter 01/04/2018 | | | | | |
| 24 | I furnish hereunder o | | | | | | |
| | Pension in the event addition or alteration | | ia unaerti | аке к | notiry Ba | nk then and there | in case of any |
| SI. | Name of the member of | | ined in | Date | e of Birth | Relationship with | Remarks |
| | UGB (Employees') Pen | sion Regulation | s, 2018) | | | the employee | |
| (a) | | | | | | | |
| (b) | | | | | | | |
| (b) | | | | | | | |
| (c) | | | | | | | |
| (d) | | | | | | | |
| (e) | | | | | | | |
| 25 | I hereby nominate the case of my death. | ne person name | d below t | o rec | eive comn | nuted value of Per | nsion / Arrears in |
| (a) | Name and Address | of the Nominee | | | | | |
| | | | | | | | |
| (b) | Relationship with the | e Employee | | | | | |
| (c) | Date of Birth of the N | Nominee | | | | | |
| 26 | Details of PF & Pen | | val from | EPFC | D: (* - Ma | ndatory) | |
| (A)-i | Amt of Final PF | | | ii | Data of I | Final Withdrawal. | |
| (//)- | withdrawal (*) | | | " | | rınai willidiawai. | |
| | , | | | | (*) | | |
| iii | Amt of Employer's Contribution out of (a) | | | iv | Amt Cre | edited to A/c No. | |
| | Contribution out of (a) | | | | | | |
| ٧ | Amt of Non refundable Advance from | 1. | | vi | Date of A | Advance | 1. |
| | Employers' share, | 2. | | | | | 2. |
| | (if any) | 3. | | | | | 3. |
| (B)-i | Amt of EPFO | | | ii | Date of 0 | Commencement | |
| (=) | Pension | | | | |) Pension | |
| iii | Whether commuted. | if | | | • | | |

The information furnished above are true and correct to the best of my knowledge and belief.

I enclose herewith the following tick ($\sqrt{}$) marked papers/ documents/ particulars for your reference.

A-Enclosures For Pension Application by Retired Pensioner:

| 1 | Format-2 (Staff Cir.01 of 2019) if Format-1 submitted previously | |
|----|---|---|
| 2 | Two copies of recent passport size joint photograph with spouse without attestation. | |
| | (Single Photographs in case of Widower/widow applicant) | |
| 3 | Specimen signature and personal identification mark form (Form-1-A) duly attested by the | |
| | Branch Manager of the Pension Servicing Branch . | |
| 4 | Life Certificate & Non Employment Certificate for Retirement Pensioner (Format- 6 & 7 of | |
| | Staff Cir No-01 of 2019) | |
| 5 | Undertaking letter in Form-1-B regarding Loans outstanding | |
| 6 | Undertaking letter in Form-1-C regarding provisional Refund of Employer's contribution | |
| 7 | Copy of Format-9 & Format-11 (Staff Cir.01 of 2019) | |
| 8 | Certificate on Last 10 Month's Pay & Liabilities (Form-1-F) | |
| | from the Last Branch/ Office served | |
| 9 | Copy of Member Passbook downloaded from EPFO website AFTER final withdrawal of PF | |
| 10 | Copy of Bank Passbook page/Statement showing the credit of final withdrawal amt of PF | |
| 11 | Copy of Bank Passbook Page/Statement showing credit of latest EPFO Pension Amt. | |
| 12 | Self Attested Photocopies of PAN, Aadhaar & Bank A/c for pension | · |
| 13 | Application of Commutation of pension (FORM VI / VII &VIII) affixing recent passport size | |
| | single photo duly attested by the Branch Manager of the Branch having pension account. | |

B-Enclosures for Family Pension Application for Deceased Staff:

| 1 | Format-3 (Staff Cir.01 of 2019) if Format-1 submitted by employee by previously | |
|----|--|--|
| 2 | Format-12 (Staff Cir.01 of 2019) | |
| 3 | Copy of Death Certificate & Legal Heir Certificate Duly verified by the BM | |
| 4 | Two copies of recent passport size photograph without attestation. | |
| 5 | Specimen signature and personal identification mark form (Form-1-A) duly attested by the | |
| | Branch Manager of the Pension Servicing Branch | |
| 6 | Life Certificate & Non Re Marriage Certificate for Family Pensioner (Format-6 & 8 of Staff | |
| | Cir No-01 of 2019) | |
| 7 | Undertaking letter in Form-1-D regarding Loans outstanding | |
| 8 | Undertaking letter in Form-1-E regarding provisional Refund of Employer's contribution | |
| 9 | Certificate on Last 10 Month's Pay & Liabilities (Form-1-F) | |
| | from the Last Branch/ Office served | |
| 10 | Copy of Member Passbook downloaded from EPFO website AFTER final withdrawal of PF | |
| 11 | Copy of Bank Passbook page/Statement showing the credit of final withdrawal amt of PF | |
| 12 | Copy of Bank Passbook Page/Statement showing credit of latest EPFO Pension Amt. | |
| 13 | Self Attested Aadhaar Card, PAN (Optional) & Bank A/c for Pension | |

(Listed above are the papers normally required for pension settlement.)

I undertake that if some additional papers are required by the Bank specifically for my case, the same will be submitted.

| Place | Signature of the Employee/ Claimant for Family Pension |
|----------|--|
| Date | Name of the Employee/Claimant |
| Address: | |

UTKAL GRAMEEN BANK (EMPLOYEES') PENSION REGULATIONS, 2018

| Specimen Sigr | nature of Shri / Smt. | | | |
|---|-----------------------------|----------------------|-------------------|----------|
| Signature: | 1. | | | |
| | 2. | | | |
| | 3. | | | |
| Specimen sign | ature attested by: | | | |
| Branch Manag Pension Servic Name: PF No. OR/156 Designation: Branch / Office | sing Branch with sea | al. | | |
| UTKAL G | GRAMEEN BANK (E | EMPLOYEES') PE | ENSION REGULATION | IS, 2018 |
| Personal Identi | ification Marks of Sh | nri / Smt. | | |
| Height | | : | cms or | inches |
| Personal identi | fication marks | : 1) | | |
| | | 2) | | |
| Branch Manag Pension Servic | er, sing Branch with sea | al (Attesting Office | r): | |
| Name: PF No.OR/156 Designation: Branch / Office | | | | |

To The Chairman, Utkal Grameen Bank, Head Office, Bolangir -767001.

| Dear | Dear sir, UNDERTAKING LETTER FOR RETIRED EMPLOYEES | | | | | | |
|--------|--|--------------------------------------|----------------------------|--|--|--|--|
| l, | | PF N | No | | | | |
| Cadr | e/Grade | retired from | Branch / Office | | | | |
| on d | ate | hereby authorize Utkal Grar | meen Bank to deposit the | | | | |
| proce | eeds of my PF / Pension / Per | nsion Commutation/ Pension A | Arrears etc. if any, to my | | | | |
| Pens | ion SB Account No | with | Branch of | | | | |
| Utkal | Grameen Bank. | | | | | | |
| | | | | | | | |
| I am | having the following staff loan ac | ccounts in my name / jointly wi | th | | | | |
| relati | onship or any | other loans in which the sai | nction stipulates that the | | | | |
| rema | ining amount at the time of co | essation of service to be rec | overed / closed from the | | | | |
| supe | rannuation / terminal benefits: | | | | | | |
| SI. | Loan Account No | Loan Type | Branch | | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| | ase provide annexure in the above fo | ormat if number of loans exceeds the | ne above table) | | | | |
| , | eby irrevocably authorize Utkal (| | • | | | | |
| | unt and close the above furnished | • | • | | | | |
| | ccount of Bank's share in EPF ar | | | | | | |
| if any | | ia alo ililo / polially ililpooda by | the Bicolphilary Hamonity, | | | | |
| папу | • | | Yours faithfully, | | | | |
| Date: | | | rouro raininany, | | | | |
| Place | | | | | | | |
| | | | Signature | | | | |
| (Nam | ne & Address) | | | | | | |

To The Chairman, Utkal Grameen Bank. Head Office, Bolangir-767001.

Dear Sir,

| UNDERTAKING LETTER | | |
|--------------------|--|--|

| I, | PF No | |
|---|---|---|
| Cadre/Grade | retired from Branch / | Office |
| have effected Final with | drawal of PF from EPFO amounting to Rs | /- |
| which was credited to | o my A/c no | with |
| | Bank on dt | |
| share of my PF a/c in from the Employer's sha As per my authorization provisions of UGB(Employer's share with employer's share with it connection, I undertake Employer's contribution length of my service in the exact refundable amount | ever made any non-refundable withdrawal from the Emplany time during my service period/ have effected withdre of my PF a/c as declared in Para No 26-A of Form-1. On given in Format-2, to be eligible for pension underloyees') Pension Regulations,2018, I will refund the employees') Pension Regulations,2018, I will refund the employerawn along with the non-refundable withdrawals made from the total to the date of final withdrawal to the Bank. It to deposit the amount demanded by the Bank as the amount of EPFO in respect of me, arrived provisionally basing the Bank, pending receipt of information from EPFO towards. I further undertake that I will arrange to deposit the amount by the Bank within 30 days of the date of the Demand Letter. | er the loyer's om the ount of the ount to |
| by me, if any, towards re amount on the receipt o In the event of my failur | nd the differential amount, over and above the amount deperund of Bank's share in EPF as and when Bank intimate refundation from EPFO towards the exact refundable are to do so, I hereby irrevocably authorize Utkal Grameer al amount from the pension payable to me. Yours faithfully | me the mount. n Bank |
| Date: | | |
| Place: | Signature | |
| Address: | (Name |) |

| The General Manager-III, Utkal Grameen Bank, Head Office, Bolangir. | | |
|---|--------|-------|
| Letter No | | Date: |
| Dear Sir, | | |
| Particulars of Pay & Liabilities of Shri Grade | _PF ld | |

We are furnishing below the particulars of Pay & Outstanding Liabilities of the captioned employee.

A) Particulars of Pay: (last 10 months prior to retirement /death)

| SI | For the Month | Basic Pay with Stagnation Increment | Spl Pay (JAIIB/ CAIIB-I/II) | Spl Pay (Graduate Pay) | Spl Pay (SWO-A/B) | Spl Pay (Driver/ Duftery) | Total Pay |
|----|------------------|--|-----------------------------------|------------------------------|----------------------|---------------------------------|-------------|
| | | (a) | (b) | (c) | (d) | (e) | (a+b+c+d+e) |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| | Total | | | | | | |
| | Average | | | | | | |

(B) Particulars of Outstanding Loans & Liabilities:

| Particulars of Outstanding Loan | Account No | Balance on date |
|-------------------------------------|------------|-----------------|
| House Building Loan | | |
| 2. Housing Loan (Commercial Scheme) | | |
| 3. Staff Over Draft | | |
| 4. Festival Advance | | |
| 5. Education Loan | | |
| 6. Conveyance Loan | | |
| 7. Others, if any (Mention details) | | |
| TOTAL LOAN BALANCE | | |

(Additional Sheet May be added if space insufficient)

| Signature of Branch Manager with seal |
|---------------------------------------|
| Branch |
| Staff Cir No.27 of 2019 |



UTKAL GRAMEEN BANK

Head Office: BOLANGIR-767001 (ODISHA)

Option Form to be filled in by the Retired Employees of the Bank (To be submitted in quadruplicate through the Branch / Office from where retired)

| (10 be submitted in 6 | quadrupiicate through the B | srancn / Office from where retired) | |
|---|--|---|--------------------------------|
| Date of receipt of application at Branch / Office | | FOR HO USE ONLY | |
| Dianent Office | | OPTION NOTED IN SERVICE RECORD | |
| Forwarded on | | | |
| Forwarded by | | | |
| Signatura with office o | a al (Pranch (Office) | (Signature of the concerned Authority at HO with date) | |
| Signature with office so | ear (Branch/Office) | | |
| | | | |
| The Chairman | | | |
| Utkal Grameen Bank Head Office:Bolangir. | | Date: | |
| - | | | |
| and I hereby voluntarily opt to become / RPFC to transfer my entire Pens purpose. I undertake to refund the I | me a member of the Bank's Pens sion Fund kept with them to Ba Bank's contribution to EPF Fund e to refund my non-refundable v | en Bank (Employees') Pension Regulation Scheme and irrevocably authorise the link to credit Pension Fund to be created together with accrued interest thereon puthdrawal from EPF balance (Bank's cone. | e EPFC ed for to paid to |
| 1. Signature: | | | |
| 2. Name in Full (in Block letters): | | | |
| 3. Designation (at the time of retirem | nent): | | |
| 4. E P F No: | | | |
| 5. Present Residential Address: | | | |
| 6. Date of Birth: | | | |
| 7. Date of joining in the Bank' service | ce: | | |
| 8. Date of retiring from the Bank' se | rvice: | | |
| 9. Branch / Office from where retired | d: | Branch / Office. | |
| 10. Branch from where pension to b | e drawn: | Branch | |
| | | | |

Signature

(Signature to be attested by the Branch/Office Head with Office Seal)



| STAFF PENSION* (GENERAL PENSION) | Customer ID | |
|----------------------------------|-------------|--|
| FAMILY PENSION* | | |
| | S B A/C No | |

(*Please √as applicable)

LIFE CERTIFICATE

(To be submitted by the Pensioner at the time of application & once in a year in November every year)

| | | | | | pensioner. | | | | | • | · |
|------------|------------|------------|----------|--------|------------|-----|-------|-------|---------|------|-------|
| | (addres | ss) holde | er of UC | GB PF | PO No | | | | | | |
| (Signature | of the Per | nsioner/Fa | mily Pen | sioner | with date) | | | | (0) | | |
| Da | ate: | | | | Name: | | | | Signatu | | seal) |
| Pla | ace: | | | | Designati | on: | Branc | ch: U | GB | | |

Note: To be signed by the Pensioner / Family Pensioner in the presence of the Attesting BM of the Pension Servicing Branch



FORMAT -7

Acceptance/ Non-acceptance of Commercial Employment

| I declare that I have not accepted commercial employment in India. |
|---|
| OR |
| I declare that I have accepted commercial employment in India w.e.f |
| OR |
| I declare that I have accepted commercial employment in India w.e.f |
| Date: Signature of the Pensioner |
| Name of the pensioner:PPO No: |
| SB (Pension) Account No |



FORMAT - 9

| | Lette | er of undertaking by | y the Pensioner |
|--|--|--|---|
| The Branch | Manager | | Date : |
| | Branch (l Bank | Pension Serving Br | ranch) |
| Dear Sir, | | | |
| Sub: Payme through you | | · PPO No | |
| every month with you I, the am not entitle which I am o successors, suffered or into forthwith page 1. | by credit to my SB Ace undersigned, agreed or any amount where would entitled. I fur executors, and admit acurred by the Bank is ay the same to the Bank or other account below. | e and undertake to re hich may be credited in the reby undertake to indentify the crediting my person to recover the a | refund or make good any amount to which do not make good any amount to which do not account in excess of the amount to take and agree to bind myself and my heirs make the Bank from and against any lost ension to my account under the scheme and amount due by debit to my said Savings Bank cossession of the Bank. |
| Signature in f | | | |
| Address (in b | | | |
| Witness | | Phone/Mobile No _ | |
| | | | |
| Signature | | | |
| Name | | | |
| E.P.F No | | | |
| Address | | | |



FORMAT - 11

FORM OF NOMINATION

| THE TRUSTEES, UTKAL GRA | MEEN | BANK (EMPLOYE | ES'S) F | ENSION | N FUND | | |
|--|----------|------------------------------------|---------------|-------------|--|--|--|
| I,the person(s) named below and content benefits under the Pension Regulates not been paid. | | him / them the right | to receiv | ve , to the | e extent specifi | ed below , the an | |
| Name and address of the Nominee(s) | Rela | tionship with the pensioner | Age | Amount | of share (%) | Date of Birth | IF NOMINEE IS MINOR Name & address of the person who may receive the said pension during the nominee's minority |
| (1) | | (2) | | (3) | (4) | (5) | (6) |
| Name and address of other Nominee(s) in case the nominee under column 1 above predeceases the pensioner | Age | Relationship with the pensioner | Amou share | | Date of Birth ,if the other nominee(s) is/are minor | Name & addres of the person who may receive the pension durin other nominee's minority | on happening of which nomination |
| (7) | (8) | (9) | (10 | 0) | (11) | (12) | (13) |
| This nomination supersedes the no | ominatio | n made on | | | which | stand cancelled. | |
| Date: | | Name of Pension | - | | - | (if illiterate) of Pe | ensioner/Employee |
| WITNESS :1 | | | | | | | |
| Signature EPF No | | Signatu EPF | | | | | |

ATTESTED by the Pension Disbursing Branch/ Deptt. at HO/Branch

SEAL OF ATTESTING AUTHORITY

NOTE:1. If the employee has a family, the nomination shall not be in favour of any person or persons other than the members of the family. 2. If the employee has no family, the nomination may be made in favour of person or persons, or a body of individuals whether incorporated or not.. 3. Strike out which is not applicable.



FORMAT - 13 UTKAL GRAMEEN BANK

Head Office: BOLANGIR (CLUB PADA), P.O. BOLANGIR, Dist. BOLANGIR

Clearance / Pre-disbursement formalities to be furnished by the proposed Pension Paying Branch (To be submitted by the Pension Servicing Branch while forwarding the acknowledged copy of PPO from Pensioner)

| 01. Date of Report | |
|--|--------------------------------|
| 02. Name of the Pension Paying Branch | |
| 03. Branch Code No | |
| 04. Pensioner's name | |
| 05. Pension Type (General or /Family Pension) | |
| 06. UGB PPO No | |
| 07. S B Account No (UGB Pension A/c) | |
| 08. Date of Certificates (Please mention the Dates | of the following Certificates) |
| a) Life Certificate (Format-6) | |
| b) Non-Marriage/Re-Marriage Certificate (For Family Pensioner only) | xxxxxxxxxxxxx |
| c) Non-Employment/Re-Employment Certificate | |
| d) Disability Certificate | |
| 09. Whether Undertaking for refund of Excess Payment is taken (Format-9) | YES / NO |
| | |

| Branch Manager | |
|--------------------------------|-----------|
| (Please use Branch Seal) | |
| ### | Branch |
| | Bank |
| Date; | |
| *Strikeout whichever is not an | plicable. |

| To The General Manager, | |
|------------------------------|---|
| Utkal Grameen Bank, | |
| Head Office, Bolangir | |
| , , | |
| | |
| Sir, | |
| | |
| I Sri/ Smt | |
| | ve applied the Bank for pension/ family pension in respect of |
| | under the UGB Pension Scheme. |
| Late | under the OOD I chiston seneme. |
| 2- Lunderstand that as ner t | the UGB Pension Scheme, the amount of pension/family pension is to |
| • | of monthly EPF pension/family pension. In this connection I declare |
| | y pension is yet to settled by EPFO. |
| that my Err pension/runni. | y pension is yet to settled by El I o . |
| 3- So I request that UGB P | Pension may be paid to me by deducting Rs.3000/- notionally towards |
| - | on. I undertake to intimate the Bank through my Pension Serving |
| • • | ension/family pension is actually settled along with the following |
| • | efund of the excess pension/family pension deducted: |
| | remain or any control promote promote and any control promote any control |
| I. Copy of PPC | O/Sanction Letter of EPFO |
| • • | ge of the Bank Passbook showing EPF Pension/Family pension credit |
| | <i>y</i> 1 |
| | |
| 4. So I request the Bank t | to issue PPO / release monthly pension to me under UGB Pension |
| - | above athorisation / undertaking. |
| , | |
| | |
| | Yours faithfully, |
| | |
| | |
| | (Sri/Smt) |
| Date: | PF No |
| | (PF No. of Deceased staff in case of Family pension) |

Encl: As Above