

Check list for forwarding Application / Claims for family pension to Head Office

Name of the Deceased Employee. _____

Staff No. _____

PF No. of the employee _____

Check list

Format No.	Check Points	Whether complied	Remarks if any
3	1. Attested Death Certificate of the Employee 2. Copy of Superannuation/Resignation/Dismissal/Removal /Compulsory Retirement letter issued by the Competent Authority of the Bank 3. Attested Aadhaar & PAN Card copy of the Claimant 4. Attested Aadhaar & Birth Certificate copy of eligible legal heirs, who are below the age of 25 years 5. Three photos of applicant and two photos of legal heirs The format should be signed by the applicant and attested by the Regional Head. (In absence of RO head the next Senior Officer to him).	Yes/No	
3	Signature to be attested by Office Head with seal in the format the same should be attested by Staff Section Head at Regional Office	Yes/No	
6	The format should be signed by the applicant and should be attested by Staff Section Head at Regional Office	Yes/No	
8	The format should be signed by the applicant and signature of the Bank's Officer or respectable / well known person	Yes/No	
9	The format should be signed by the applicant and witnessed by employees of the Bank by mentioning their EPF No. or Staff No.	Yes/No	
10	The format should be signed by the applicant and family members/Nominees and then witnessed by employees of the Bank by mentioning their EPF No. or Staff No.	Yes/No	
11	The format should be signed by the applicant and witnessed by employees of the Bank and witnessed by employees of the Bank by mentioning their EPF No. or Staff No.	Yes/No	
11	Attested by the Pension Disbursing Branch/Dept. at HO the same should be attested by Staff Section Head at Regional Office	Yes/No	

12	The format should be signed by the applicant and should be signed by the Regional Head in absence of RO head the next Senior Officer to him	Yes/No	
16	1. Attested copy of the Military Pension PPO if applicable 2. Declaration for opting for family pension (Ex-Serviceman) 3. Declaration of employment and details of salary (where applicant is son/daughter) The format should be signed by the applicant and witnessed and Attested (Witness should be independent of the attestation) and then forwarded by Staff Section Head at Regional Office	Yes/No	
5	Loan particulars if any in the name of the employee - Account No. to be given by the applicant, Balance in the account to be filled by Staff Section Head.	Yes/No	

Note: The pension formats should be duly filled in all aspects

Other information/documents required:

Erstwhile Bank joined (deceased employee)	
Erstwhile Bank at the time of cessation	
Copy of proof that the claimant is the legal heir of the employee	
Pension Payment Order (PPO) of EPFO. If PPO is not available then the Bank Statement reflecting the EPFO pension crediting to the Account	
Copy of EPFO A/c statement for full and final settlement at the time of cessation if available	
Copy of last 10 months salary slips if available	
Copy of EPFO yearly statement of any year issued while in service	

Place:

Date:

Signature/LTI of Applicant

Checked & forwarded by

Signature of Staff Section Head at Regional Office

Name of the Staff:

Staff No.:

Regional Office:

FORMAT – 3

KARNATAKA GRAMIN BANK

(A Scheduled Bank established by Government of India : Sponsored by Canara Bank)

HEAD OFFICE:BALLARI

Option Form to be filled in by the family of those employees of the Bank who are eligible for family pension

Date of receipt of application at Branch/Regional Office	Recent photograph of the applicant to be pasted here and then to be attested by the Office Head	FOR HO USE ONLY
Forwarded on:		OPTION NOTED IN SERVICE RECORD / EPF RECORD OF THE DECEASED EMPLOYEE
Forwarded by:		
Signature with office seal		(Signature of the concerned Authority at HO with date)

The Chairman
Karnataka Gramin Bank
Head Office, Ballari

Date: _____

I hereby declare that I have read and understood the Karnataka Gramin Bank (Employees') Pension (Amendment) Regulations, 2024 and I hereby voluntarily opt to become a member of the Bank's Pension Scheme and irrevocably authorize the EPFO / RPFC to transfer my entire Pension Fund kept with them to Bank to credit Pension Fund to be created for this purpose. I undertake to refund the Bank's contribution to EPF Fund together with accrued interest thereon paid to my husband/wife/father/mother/son/daughter (delete whichever is not applicable) on his/her death while in service/ after retirement from Bank's service. I also undertake to refund the non-refundable withdrawal from EPF balance (Bank's contribution component) availed by my husband/wife/father/mother/son/daughter (delete whichever is not applicable), if any, together with interest at EPF rate from time to time up to the date of retirement / death.

1. Name of the applicant/dependent of deceased employee
in Full (in Block letters): _____
2. Name of the deceased employee in Full (in block letter): _____
3. EPF No of the deceased employee: _____
4. Relationship with the deceased employee; _____
5. Name of guardian if applicant is minor; _____
6. Present Residential Address (in block letter): _____

7. Date of death of the deceased employee (Documentary evidence to be attached): _____

8. Date of retirement from Bank's service: _____
9. Branch /Office last served and post held _____
10. Branch from where pension to be drawn: _____ Branch
11. List of documents / evidences to be attached:
- a) Copy of Superannuation / retirement order of the deceased employee (If applicable)
 - b) Copy of Death Certificate of the Employee
 - c) Copy of Birth certificate of child eligible for pension
 - d) Copy of AADHAAR CARD/ KYC document in the name of applicant
 - e) Any document in support of the stated relation of the applicant

(Mention the name / nature of document)

I hereby declare that what are stated in the application and documents submitted are true, correct and genuine.

Enclosures: As stated in point 11 above.

(Signature of the applicant)

Date: _____

Place: _____

Signature attested by the Office Head with Office Seal

FORMAT – 6

KARNATAKA GRAMIN BANK

(A Scheduled Bank established by Government of India : Sponsored by Canara Bank)

HEAD OFFICE:BALLARI

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

(*Please ✓ as applicable)

LIFE CERTIFICATE

(To be submitted by the Pensioner once in a year in November)

Certified that I have seen the pensioner (name)

.....

.....(address) holder of PPO No..... and that he /she is alive on this

day. His / Her AADHAAR No

(Signature of the Pensioner/Family Pensioner with date)

(Signature with office seal)

Date:..... Name:.....

Place:..... Designation:.....Branch: ,.....

FORMAT – 8

KARNATAKA GRAMIN BANK

(A Scheduled Bank established by Government of India : Sponsored by Canara Bank)

HEAD OFFICE:BALLARI

CERTIFICATE OF NON- REMARRIAGE / NON-MARRIAGE

(APPLICABLE FOR FAMILY PENSIONERS ONLY)

* I hereby declare that I have not got re-married and I undertake to report the same promptly in the event of my re-marriage. (Applicable for widow / widower Family Pensioner)

* I hereby declare that I am not married and I undertake to report the same promptly in the event of my marriage. (Applicable for un-married daughter Family Pensioner)

(* Please delete which is not applicable)

Signature of the Family Pensioner:

Name of the pensioner:

Place :.....Date:

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

(Signature of the Bank's Officer or respectable /well known person)

Place :

Date :

Name :

Designation:

Address:

FORMAT – 9

KARNATAKA GRAMIN BANK

(A Scheduled Bank established by Government of India : Sponsored by Canara Bank)

HEAD OFFICE: BALLARI

Letter of undertaking by the Pensioner

The General Manager
Karnataka Gramin Bank
HR Wing, Head Office,
Ballari

Date : _____

Dear Sir,

Sub: Payment of Pension under PPO No. _____

In consideration of your having, at my request, agreed to make payment of Pension due to me every month by credit to my SB Account No _____ with you I, the undersigned, agree 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 entitled. I further hereby undertake and agree 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 to forthwith pay the same to the Bank to recover the amount due by debit to my said Savings Bank Account or any other account belonging to me in the possession of the Bank.

Yours faithfully,

Signature in full : _____

Address (in block letters) : _____

Phone/Mobile No _____

Witness

Signature		
Name		
E.P.F No		
Address		

FORMAT – 10

KARNATAKA GRAMIN BANK

(A Scheduled Bank established by Government of India : Sponsored by Canara Bank)

HEAD OFFICE:BALLARI

Letter of undertaking by the Pensioner and Family Members / Nominees

The General Manager
Karnataka Gramin Bank
HR Wing, Head Office
Ballari

Date: _____

Dear Sir,

Sub: Payment of Pension under PPO No. _____ through your Branch

In consideration of making payment of Pension as per the Karnataka Gramin Bank (Employees') Pension (Amendment) Regulations, 2024, I / We do hereby solemnly, sincerely and conscientiously declare and say as under

I / We, hereby undertake and agree to bind myself / ourselves and my / our heirs, successors, executors, and administrators to indemnify the Bank from and against any loss suffered or incurred by the Bank in making payment as aforesaid and to forthwith pay the same to the Bank and / or adjust from the pension fund under the aforesaid Regulations and / or from any account maintained with the Bank without any notice to me/ us.

Yours faithfully,

Signature (Pensioner) ; _____

Signature of Family Members / Nominees: _____

Witness

Signature		
Name		
E.P.F No		
Address		

FORMAT – 11

KARNATAKA GRAMIN BANK

(A Scheduled Bank established by Government of India : Sponsored by Canara Bank)

HEAD OFFICE: BALLARI

FORM OF NOMINATION

TO

THE TRUSTEES, KARNATAKA GRAMIN BANK (EMPLOYEES') PENSION FUND

I, _____ PPO No/ EPF No _____ hereby nominate the person(s) named below and confer on him / them the right to receive , to the extent specified below , the amount of pensionary benefits under the Pension Regulations in the event of my death before the amount become payable, or having become payable, has not been paid.

Name and address of the Nominee(s)	Relationship 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	Amount of share (%)	Date of Birth ,if the other nominee(s) is/are minor	Name & address of the person who may receive the pension during other nominee's minority	Contingency on happening of which nomination shall become invalid
(7)	(8)	(9)	(10)	(11)	(12)	(13)

This nomination supersedes the nomination made on _____ which stand cancelled.

Place: _____

Signature / Thumb Impression (if illiterate) of Pensioner/Employee

Date: _____

Name of Pensioner/Employee : _____

WITNESS : 1. _____

2. _____

Address : _____

Address : _____

Signature

EPF No _____

Signature

EPF No _____

ATTESTED by the Pension Disbursing Branch/ Dept. at H O / 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.

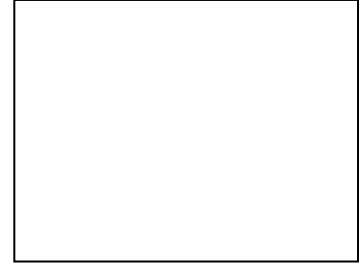
FORMAT 12
KARNATAKA GRAMIN BANK

(A Scheduled Bank established by Government of India : Sponsored by Canara Bank)

HEAD OFFICE : BALLARI

Application for grant of Family Pension in the event of death of Employee / Pensioner

The Chairman
Karnataka Gramin Bank
Head Office, Ballari



Date: _____

Dear Sir,

I hereby declare that as an eligible family member to receive Family Pension in terms Karnataka Gramin Bank (Employees') Pension (Amendment) Regulations, 2024, I am submitting below the requisite particulars for kind favour of sanction of Family Pension to me.

1. Name of the applicant (in block letters) : _____

i) . Relation with the deceased employee/pensioner: _____

ii) . Date of Birth : _____

iii) . Name of the Guardian if the deceased
Person is survived by minor child/children _____

iv) . Religion and Caste : _____

02. Present residential address of the : _____
Applicant (in block letters) _____

_____ Contact No. _____

03. Name & age of surviving parent/widow/widower/children of the deceased employee / pensioner:

Sl. No	Name	Relationship with the deceased employee/pensioner	Date of Birth (by Christian era)

04. Name of the deceased employee/pensioner _____

05. EPF No of the deceased employee: _____

06. Date of death of the employee /pensioner: _____

(Documentary evidence to be attached)

Contd. page - 2

07 . Date of retirement (in case of Pensioner): _____

08. a) Branch/Office in which the deceased employee/
Pensioner served last and post held by him/her _____

b) PPO No of the deceased, if any, with the nature
of pension & Disbursing Authority. : _____

09. If the applicant is guardian, date of birth of minor
& relationship with the deceased employee/pensioner _____

10. a) Is the applicant (other than guardian) a pensioner ? **YES / NO**
if so, indicate the amount of monthly pension : _____

b) Is the applicant employed? If so, particulars **YES / NO**
in details with last pay drawn certificate from employer :

11. Description of the applicant including (a) Height _____ cm

(b) Personal Identification marks, if any, on hand, face etc. _____

12. Signature/LTI ** of the applicant (Duly
Attested by the Branch head with seal) _____

**SIGNATURE / LTI OF THE APPLICANT
IS ATTESTED**

(Signature of the Office Head with Seal)

13. a) Name of the Branch of the Bank through which
Family Pension is to be drawn : _____

b) SB Account No : _____

14. List of Documents / evidence attached :

- a) Three copies of passport size recent photograph of the applicant , duly attested in front side
- b) Attested copy of the Death Certificate of the deceased Employee/ Pensioner
- c) Birth Certificate of the children eligible for pension.
- d) Any other document(s) indicating that the applicant is a genuine claimant e.g. AADHAAR Card, Voter Card etc.

15. I hereby declare that what are stated in this application and documents submitted herewith are true,
correct and genuine.

Yours faithfully,

Signature/LTI of the applicant

**** To be furnished in case the applicant is not literate enough to sign his/her name or unable to sign due to poor health condition which also needs submission of Medical Certificate.**

FORMAT – 16

KARNATAKA GRAMIN BANK

(A Scheduled Bank established by Government of India : Sponsored by Canara Bank)

HEAD OFFICE:BALLARI

APPLICATION FOR GRANT OF FAMILY PENSION ON THE DEATH OF AN EMPLOYEE/PENSIONER

1	Name of the applicant		
2	Full Postal Address of Applicant		Space for affixing attested passport size photograph
3	Phone No.	Landline with STD code:	
		Mobile:	
4	PAN (in capital letters)		
5	AADHAR (in capital letters)		
6	Email ID		
7	Relationship of the applicant with the deceased employee / pensioner	Widow / Widower / Son/ Daughter / Mother	
8	If the Applicant is a minor, name of the Guardian		
9	Nature of Guardianship	Natural Guardian (Father or Mother) / Legal guardian (appointed by court) (In case of Legal Guardianship attested copy of Court order to be enclosed)	

Details of surviving widow / widower and children below the age of 25 years of the deceased employee / pensioner:								
10	Sl No	Name	Relationship with the deceased Employee / pensioner	Date of Birth	Marital Status	If employed, name of the Employer and salary drawn P.M (only in case where son / daughter is the applicant)		
	1							
	2							
	3							
	4							
	5							
	6							
11	Details of the deceased Employee / Pensioner							
	a	Name						
	b	Staff Number						
	c	Designation at the time of death						
	d	Death of death						
	e	Branch/ Office in which last worked						
	f	Regional Office						
	g	Whether Ex-Servicemen	Yes/No					
	h	Details of liabilities of the deceased pensioner, if any, at pension disbursing branch (may add annexures if required)	A/c No.		Liability			
Enclosures (tick whichever is applicable)								
12	a	Attested copy of death certificate						
	b	Attested copy of proof of date of birth of children <25 years of age						
	c	3 passport size photographs of applicant & guardian (wherever applicable) in addition to 2 affixed to the application						
	d	Certificate of Re-marriage / Marriage						
	e	Attested copy of the Military Pension PPO if applicable						
	f	Declaration for opting for family pension (Ex-Servicemen)						
	g	Declaration of Employment and details of salary (where applicant is son / Daughter)						

13	Details of applicant's individual A/c at Karnataka Gramin Bank			
	SB A/c No.:	Branch		

Place:

Signature of the Applicant

Date:

(Left hand thumb impression in case of illiterate)

Attested by:

	Name	Designation	Full Address	Signature
1				
2				

Witness: (Witness should be independent of the attestation)

	Name	Designation	Full Address	Signature
1				
2				

Note: Attestation and witness should be done by an officer of Karnataka Gramin Bank or a Gazetted Government Servant or two respectable persons in the Town/Village where the applicant resides.

Application forwarded to Employees' Pension Fund for sanction of Family Pension

We confirm that the application is complete in all respects as per the check list and we recommend that family pension may be sanctioned to the applicant as per Karnataka Gramin Bank (Employees') Pension (Amendment) Regulations, 2024.

Remarks if any:

Manager / Senior Manager

(Signature should be with office seal and date)

Place:

Date:

FORMAT – 5
KARNATAKA GRAMIN BANK

(A Scheduled Bank established by Government of India : Sponsored by Canara Bank)

HEAD OFFICE: BALLARI

KARNATAKA GRAMIN BANK
BRANCH / OFFICE

Ref : _____

The Chief Manager
Karnataka Gramin Bank
HR Wing, Head Office,
Ballari

Date: _____

Dear Sir,

Sub: Particulars of Outstanding Liabilities of Shri / Smt _____
_____**(EPF No** _____**)**

We are furnishing below the Particulars of Outstanding Liabilities of Shri / Smt _____
_____ Staff No. _____

Last Designation _____ EPF No _____ retired / died
on _____:

Particulars of Outstanding Loan	Account No	Balance
1. House Building Loan		
2. Housing Loan (Commercial Scheme)		
3. Staff Over Draft		
4. Festival Advance		
5. Education Loan		
6. Vehicle (Conveyance) Loan		
7. ECDPN		
8. Others, if any (<i>Mention details</i>)		
9.		
10.		
TOTAL LOAN BALANCE		

Yours faithfully,

Signature with Seal

.....BankBranch

Note: Please submit this certificate preferably after closure of all staff loan accounts. If Housing Loan (Commercial Scheme) and / or Education Loan continue(s) in terms of sanction please furnish the status of the account(s) including compliance of all terms and conditions of sanction. Please provide "N I L" Certificate in case of no outstanding liability.