

APPLICATION FOR OPTION OF PENSION

(Option form to be filled in by the Officer/Employee/ Surviving spouse/ Eligible family member)

To, Assistant General Manager/Chief Manager/Manager,
Branch/Office
former employee/officer /surviving spouse /eligible family member agree to exercise the pension option provided to former employees/officers (resignees) and their surviving spouse or eligible family members as pen 12 th Bi-partite settlement/ 9 th Joint Note dated 08.03.2024 and applying for the same. 2. I hereby declare that I have read and understood the terms of 12 th Bi-partite settlemet/ 9 th Joint Note dated 08.03.2024 for extending another option of pension to former employees/officers (resignees) and their surviving spouse or eligible family members with certain terms and conditions. I am agreeable to refund to the Bank the entire Bank's contribution to Provident Fund (along with accumulated interest thereon) received by me or by former employee/officer (resignee) at the time of my/ former employee/officer resignation or later from the Bank and hereby voluntarily opt for Bank's pension scheme as per the provisions of the said Settlement/Joint note. I undertake to refund the total amount due to me will be refunded to the Bank on or before 14.08.2024.
 a. I confirm that I have not filed any case in any court of law against the Bank in connection with Pension option. b. I have filed case inCourt for pension option; however, I have withdrawn the same.(copy of relevant order is enclosed)
Please tick a or b of the above)
3. Further, I hereby declare that I am aware that pension payable to me is subject to the provisions of BOI (Employees') Pension Regulations, 1995 and as per terms and conditions under 12 th Bi-partite settlemet/ 8 th Joint Note dated 08.03.2024.
4. I declare that, PF amount of Rs received by me/ by former employee/officer (resignee) and hereby authorise the Bank to debit my saving account number with BOI Branch the amount of Rs towards Bank's contribution to Provident Fund (along with accumulated interest thereon) to be paid by me.
5. Also, I am aware that once I exercised pension option and refunded the requisite fund, if eligible the pension option cannot be revoked.
Signature : Name in full:

Ref	No	S		



ANNEXURE - II

Pensioner's Joint Photograph with Wife

ORIGINAL

PENSIONER'S PROFILE (Please submit in duplicate) (PLEASE FILL UP IN BLOCK CAPITALS)

(1)	Full Name	
(2) (3)	(FIRST NAME) Sex. Male/Female Identification Mark (if any)	(MIDDLE NAME) (SURNAME)
(4) (5) (6) (7) (8) (9) (10)	Date of Birth Date of Joining Bank service Date of Ceasing to be in service Mode of cessation from service Category at Retirement Provident Fund Account No. Permanent Address	Superannuation /VRS/Compulsory/any otherOfficer (Scale Grade) / Clerk / Sub-ordinate Staff
	E-mail address:-	City
	·	State PIN Code
(11) (12)	Tel No. Branch / Office of last posting Branch from where pension payment is desired	MOBILE Zone Branch Zone Branch Zone
(13)	Pension a/c no.(Sch.Code.SB121)	
(14)	Have you obtained Commercial Employment	Yes/ No. If "Yes" please state date of Permission by the Competent Authority
(15)	If "No" do you intend to take up Commercial Employment?	Yes/ No. If "Yes" please give reference of your application for Permission from the Competent Authority
(16)	If was on Sabbatical leave for	years from to
PERS	SONAL DATA OF THE SPOUSE :- Full Name	
	(FIRST NAME)	(MIDDLE NAME) (SURNAME)
(2)	Relationship with the Pensioner Date of Birth	Wife / Husband
(2) (3) (4)	Identification Mark (If any visible) Permanent Address	Pan No.
	PARTICULARS OF FAMILY MEMBER Bank of India (Employees') Pension	RS OTHER THAN SPOUSE (Family as defined under Regulation No n Regulations, 1995 Relationship Date of Birth
I de	clare that the above information is to	rue and correct. Should you however require any documentary
e e	vidence, I shall produce the same on o	de and correct. Should you however require any documentary lemand.

Date:

I.

Π.

Signature

Note: Please enclose 2 passport sized Self and 2 joint photographs of the pensioner with the spouse.

Ref	No	S			
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ANNEXURE - II

Pensioner's Joint Photograph with Wife

DUPLICATE PENSIONER'S PROFILE (Please submit in duplicate)

	(PLEAS.		
(1)	Full Name		
(2) (3)	(FIRST NAME) Sex. Male/Female Identification Mark (if any)	(MIDDLE NAME)	(SURNAME)
(4) (5) (6) (7) (8) (9) (10)	Date of Birth Date of Joining Bank service Date of Ceasing to be in service Mode of cessation from service Category at Retirement Provident Fund Account No. Permanent Address	Superannuation /VRS/Cor	mpulsory/any other/ Clerk / Sub-ordinate Staff
	E-mail address:-		
			City
	T-1 N-	State	PIN Code
(11)	Tel No. Branch / Office of last posting	M O B I	
(12)	Branch from where pension	Branch	Zone Branch
(/	payment is desired		Zone
(13)	Pension a/c no.(Sch.Code.SB121)		
(14) (15)	Have you obtained Commercial Employment If "No" do you intend to take up Commercial Employment?	Competent Authority	give reference of your application :
16)	If was on Sabbatical leave for	years from	to
PERS	SONAL DATA OF THE SPOUSE :- Full Name		
,	(FIRST NAME)	(MIDDLE NAME)	(SURNAME)
2) 2) 3) 4)	Relationship with the Pensioner Date of Birth Identification Mark (If any visible) Permanent Address	Wife / Husband	Pan No.
	PARTICULARS OF FAMILY MEMBER	RS OTHER THAN SPOUSE (Fin Regulations, 1995 Relationship	Family as defined under Regulation Date of Birth

II.

Signature

Note: Please enclose 2 passport sized Self and 2 joint photographs of the pensioner with the spouse.



Ref No. S	ANNEXURE -III
The Assistant General Manager, BANK OF INDIA HEAD OFFICE: Terminal Benefits Division, HR Department Star House, 3 rd floor, (West) wing, C-5, "G" Block, Bandra-Kurla Complex, P.B. No.8135, Bandra (East), Mumbai – 400 051	
	PENSION ARREARS
mentioned below under Regulation 51 of the Ba / are members of my family, and confer on him /	hereby nominate the person / persons nk of India(Employees') Regulations,1995 who is them the right to receive, to the extent specified vent of my death without receiving the pension paid upon my death.
	Age (date of birth in Amount of the share of case of minor) pension arrears to each
Dated thisday of	20
Dated thisday of	20
	Signature
	Full Name
	Address
	-
	Mobile:
Note:	PF A/c.No
	of pension should cover the whole amount. r share should be payable to the Guardian.
Name of witness	Signature of Witness
(1)	
(2)	



To,
The General Manager
Bank of India,
Human Resources Department
Head Office, Mumbai - 400051
Mumbai

Dear Sir/Madam,

UNDERTAKING

Exercise of option for pension as provided by the Bi-partite Settlement/Joint Note dated 08.03.2024

- 1. In accordance with provisions of the captioned Bi-partite Settlement/Joint Note dated 08.03.2024 an announcement for exercising the option has been made by the Bank on 17.05.2024 and I am eligible for exercising the option for pension as I satisfy all the conditions stipulated in the above mentioned Bi-partite Settlement/Joint Note dated 08.03.2024 which also require that I have to submit an undertaking for exercising the option and hence I am submitting the undertaking as under:
- 2. I hereby unequivocally and unconditionally agree to withdraw any pending legal proceedings initiated by me either individually or along with others wherein my right, to opt for pension, though I had resigned from the services of the bank, is directly or indirectly one of the issues for consideration by the concerned Court or Authority, having jurisdiction and powers to adjudicate or decide such issue, and take necessary steps to ensure that I cease to be a party to such pending proceedings and my right, to opt for pension is no longer Res Integra in such proceedings and also agree not to initiate any proceedings concerning such right in future.
- 3. In the event of breach of the undertaking on my part the Bank shall be entitled to suspend payment of pension until I submit necessary evidence to establish that I have complied with the undertaking.

Your faithfully,

(Name & Signature)



IDENTIFICATION FORM OF RESINEES' OFFICER/ EMPLOYEE/ SURVIVING SPOUSE/ELIGIBLE FAMILY MEMBER

1.	NAME			
2.	PF NO.			
3.	PENSION (SELF/FAMILY)			
4.	GENDER (MALE/FEMALE)			
5.	CORRESPONDENCE ADDRESS			
6.	AADHAAR NO.			
7.	PAN NO.			
8.	PHOTOGRAPH (Jointly with spouse, if alive)			
	[Affix Seal & Signature of Branch Manager/Officer on Photograph]	Photograph	Photograph	
9.	Death Certificate copy (duly attested) - (Y/N) (In case of family pension)			
10.	Specimen Signature			
11.	Left/Right Thumb impression of resignees' officer/employee/surviving spouse/eligible family member.			

Place:

<u>FOR OFFICE USE ONLY:</u> Above given details/documents to be verified with original and attested by Branch/ Office with seal and signature of Branch/Office/Division Head.

()
Assistant General Manager/Chief Manager/Manager

ANNEXURE - F-1

APPLICATION FORM FOR FAMILY PENSION

To,
The Trustees
Bank of India Pension Fund Trust
Mumbai.

Affix latest Passport size Photo of the Applicant

Bank Mumb	of India Pension Fund Trust, pai.		Photo of the Applicant
Dear			
Emplo	After his / her dea	employee of the Eth, I am the first / next family	y member being wife /
me fa	daughter of deceased employee eligible for amily pension as per Bank of India (Emplo ed particulars as under:-		
1.	Full Name of the Applicant	:	2
2.	Relationship with the deceased pensioner (Unmarried Son/Daughter not over 25 years)	ears of age except Minor/ l	Divyang Child)
3.	Gender :	4. Marital Status :	
5.	Date of birth:	6. Whether Employed:	YES / NO
7.	Permanent address of the applicant	:,	PIN
	Email id		
8.	Pension Account Number (SB121) Branch:	Zone	
9.	PARTICULARS OF FAMILY MEMBERS OTE Regulation No.2 (o) of Bank of India (Emplo		
	Name 1	Relationship	Date of Birth
	2		-
	I submit herewith;- (a) A certified copy of death certificate of the (b) Proof of Date of Birth (in case family application) (c) Latest Passport size photograph of self family member eligible for family pension (d) Other relevant documents establishing card, PAN Card, AADHAR Card, Passport (e) In case of family pension for son or defrom disorder or disability of mind-certification the effect that the disability or handicate earning livelihood, stating exact mental to be produced every three years to the I hereby declare that: I have not again married / remarried I have been appointed / not appointed be iii. I declare that the above information is tree.	plicant is child) and Latest Passport size p in identity such as photocop ort etc. aughter who are physically ficate from the Doctor appl is of such a nature as to p or physical condition of a ch Bank). by the Bank on compassional	oy of election identity of crippled or suffering roved by the Bank to brevent him / her from hild (such certificate is
Bran		Todio idiani	uny,
Witnes		Signature / Thumb of the applicant / le	
Na	gnature:ame :address :	Name	

DECLARATION

	ssistant General Manager / hief Manager / Manager	
÷		Branch
1.	India (Employees') Pension F death of my spouse/Father/ N	Pension through your Branch. As required under the Bank of Regulations, 1995 I hereby declare that till date I am, after the Mother, not re-married. Further, in case I get remarried at any vise you / the Pension disbursing Branch immediately.
2.	Undertakings / Autonomous E absorbed in a Central / State	ot employed / re-employed under Government / Public Sector Body. I further declare that I am not employed / re-employed or Government / Corporation Undertakings or in an Autonomous ployment / re-employment I shall intimate the Bank as required (1) (b) / 50.
	Place : Date :	Signature / Thumb Impression (Name of the Pensioner)
	<u>Cert</u>	ificate from Branch Officials
and s	This is to certify that to the be signed in my presence.	est of my knowledge and belief the above declaration is correct
		(Signature of Bank Official)
Place : Date :		Name: Employee Id: Designation
Brar Star		

[Note : This certificate is to be retained at the Branch and the Branch to inform the Head Office, Terminal Benefits Department to STOP the Pension, if the Family pensioner declares that he/she has got married, which renders him/her ineligible to draw family pension]



CHECK LIST

SUBMISSION OF DOCUMENTS BY FORMER EMPLOYEES/OFFICERS (RESIGNEES) AND THEIR SURVIVING SPOUSE OR ELIGIBLE FAMILY MEMBER:

Sr.	Document		Yes/No
no. A.	In case of self-	noneion:	
Α.			
		for option of Pension (Annexure – I) Profile (Annexure – II in duplicate)	
	` '	for Pension arrears (Annexure – III)	
	` '	g (Annexure – IV)	
		n Form (Annexure – V)	-
		dhaar Card of applicant	
		N Card of applicant	
		est posting Branch/Office	
	(TIII) DOGGIIS OF IC	or boaring pranting and	
В.	In case of family	pension:	
		for option of Pension (Annexure – I)	
		for Pension arrears (Annexure – III)	
	(iii) Undertaking		
	(iv) Identificatio		
		Form for family pension (Annexure - F1 in	
	(vi) Declaration employmen	regarding non-marriage/remarriage/ non- t (Annexure- F3)	
	(vii) Death certif	icate of former employee/Officer(resignee)	
	(viii) Copy of Aad	dhaar Card of applicant	
		N Card of applicant	
	(x) Details of la	st posting Branch/Office	
C.	L	u and their	
U .		r employee/officer (resignee) and their or eligible family member residing abroad	
		iments as applicable from above A or B	
		attested (by officer of Bank of India/	
	Authorised	officer of Indian embassy/High Commission of sel of Indian Counsulate of the country, Notary	

Name	
Signatu	re:
PF No.	:

Date: