

APPLICATION FOR GRANT OF FAMILY PENSION (FOR E-SBS)

The Trustees,
Pension Fund,
Corporate Centre,
Mumbai

**Application to be Submitted through the
Pension Paying Branch to PPG Department:**

The Asst. General Manager (PPG),
State Bank of India,
1-2, Ajnta Commercial Centre,,
Near Income Tax Circle, Opp. Gujrat Vidyapith,
Ashram Road, Usmanpura,
Ahamdabad 380014

Passport size
photograph duly
attested by Branch
Manager

Dear Sir,

01	Name of the Applicant (s)					
02	Name of the Deceased Employee/Pensioner of the Bank					
03	PF Code No / PF Index No					
04	Pension Option No					
05	Date of Death of the Employee/Pensioner (to be supported by Death Certificate)					
06	Full Address of the Applicant (s)/ Beneficiary / Beneficiaries					
07	Contact No of Applicant Mobile / Landline / e-mail address (if any)					
08	Names and Age of the surviving widow/widower and children of the deceased employee/pensioner, applicant's name also should be included :					
	Sr No	Name	Relationship with the deceased Employee/Pensioner	Date of Birth	Occupation	Income
	01					
	02					
	03					
	04					
	05					
	06					



09	Name and Code of the Branch through which the family pension is desired to be paid	
10	Saving Bank Account No of the Applicant	
11	Documents Attached	
	i) Death Certificate (Duly attested by the Branch Manager)	
	ii) 2 Copies of Passport size Photograph of the applicant attested by the Branch Manager	
	iii) Certificate of Birth date in case of Minor Child	
12	WIDOW/WIDOWER	(a) I declare that the above particulars are correct.
		(b) * I have not re-married/re-married on _____ after the death of my husband/wife who was an employee /pensioner of your Bank. I shall inform the Bank as soon as I re-marry.
	ELDEST SON	(c) * I am not employed/gainfully employed. I shall inform the Bank as soon as I am employed/gainfully employed.
	ELDEST DAUGHTER	(d) * I am not married nor am, I employed/gainfully employed. I shall inform the Bank in the event of a change of any of these status.
		(e) I undertake, to inform the Bank, the changes that may occur hereafter.

Signature or Left hand thumb impression of the Applicant	
Signature Attested/Verified. Thumb impression taken before me	
Branch Manager/ Head of Department/ Office	
Specimen Signature No	

(* Delete whichever is not applicable)

