



**HAND BOOK ON FORMS FOR CLAIMING RELIEF/ FINANCIAL BENEFITS
BY THE NOMINEE/LEGAL HEIRS
ON DEMISE OF THE EMPLOYEE**

**HUMAN RESOURCES
CENTRAL OFFICE, MUMBAI**

- Release of Ex-gratia under Death Relief Fund Scheme of the Bank.** On receipt of the intimation of the Death of the employee, who is a member of the DRF, the Branch/Regional Office can release an amount of Rs.4.50 lakhs as ex-gratia to the nominees of the employee. On receipt of Death Certificate, along with other required documents can claim it from DRF Section at Central Office, Mumbai. On receipt of the claim form along with supporting documents, the concerned Regional Office has to apply in Union Parivar and forward the documents for sanction to reenar.yadav@unionbankofindia.com and ebd.co@unionbankofindia.com
- Covid-19 Death Relief Exgratia:** The ex-gratia of Rs.20.00 lakhs will be paid to the nominee/legal heir of the deceased employee. The duly filled in applications along with the required documents as per SC7434 dated 03/05/2021 to be sent to the concerned Regional Office. The concerned Regional Office along with Annexure-1 and the supporting documents should forward the application to abhijeet.inamdar@unionbankofindia.com:
- Application for compassionate appointment/ex-gratia.** On receipt of the Application with all the supporting documents should be sent to concerned regional office. The Regional Office, along with their recommendations and inspection report submit the same to manasik@unionbankofindia.com, dhananjay.kumar@unionbankofindia.com In case of applications from family members of deceased employees of eAB and eCB, the same will be forwarded to CO-Annex, Hyderabad/Mangalore for processing. The concerned CO-Annex Office, with its recommendations/and relevant documents, should forward the same to vivekanand.mandlik@unionbankofindia.com, Central Office.
- Application for release of Gratuity:** The duly filled in application, Form J /Form K with supporting documents should be submitted to the last Branch/Office where the employee last worked. The Branch should forward the same to the concerned Regional Office, which will upload the same in Union Parivar. Mail ID: ebd.co@unionbankofindia.com
- Application for Family Pension:** The spouse of the deceased/eligible dependants have to submit the Form 4 along with all the supporting documents to the nearest Branch/Office. The Branch should forward the same to the concerned Regional Office, which will upload the same in Union Parivar. Mail ID: ebd.co@unionbankofindia.com
- Application for release of Provident Fund:** The nominee / legal heir of the deceased employee has to submit the application along with all the supporting documents to the last Branch/Office where the employee last worked. The Branch should forward the same to the concerned Regional Office, which will upload the same in Union Parivar. Mail ID: ebd.co@unionbankofindia.com



7. **Application for withdrawal of NPS Fund:** The nominee of the employee has to submit prescribed Death Claim Form along with other supporting documents directly to the concerned Regional Office. The Regional Office upon scrutiny of the relevant documents should forward the same to Central Office for further processing. Mail ID : staffnps@unionbankofindia.com , kunal.waghmare@unionbankofindia.com
8. **Application for PL Encashment:** A request application along with necessary documents to be submitted to the last Branch/Office where the employee last worked which will be sent to the concerned Regional Office for approval.
9. **Group Insurance cover for Staff Loan Accounts:** The dependants of the deceased staff member have to submit the claim form along with supporting documents to the last Branch/Office where the employee last worked. The concerned Branch will send the same to HRAD, Central Office, through concerned Regional Office. Mail ID: staffloan.insurance@unionbankofindia.com, I.P.No. 116214, 116355 Land Line :022-22896207.

**1. Release of Ex-gratia under
Death Relief Fund Scheme
of the Bank to the
nominee/legal heirs.**

Nodal Officer: Reena R Yadav: Mobile No. 9167105439: Land Line: 022-22896249



1. The details of the scheme are available in Staff Circular No.4896 dated 25.09.2002.
2. The duly filled in applications along with the recommendations of Branch/RO to be sent to Central Office for sanction. The check list for processing the application is as under.

Sr.No.	Documents	Yes	No
		Please tick the relevant column	
Where Nomination is available in Union Parivar			
1.	Whether eligible for ex-gratia as per the rules of the scheme		
2.	Application in the Prescribed Format		
3.	A copy of the Death Certificate issued by the appropriate authority		
4.	Whether subscription amount received for all the previous months		
5.	KYC documents of the nominee submitted		
Where Nomination is not available in Union Parivar			
1.	Claim Form duly signed by all the legal Heirs		
2.	A Copy of the Death Certificate		
3.	KYC of all the legal Heirs		
4.	Family Member Certificate/Legal Heir Certificate issued by competent authority		
5.	Indemnity and Affidavit with due mention of DRF in Banks format duly signed by all the legal heirs		



APPLICATION FOR EXGRATIA BY NOMINEE
UNDER THE RULES OF THE FUND

The Administrator,
Union Bank Employees Death Relief Fund
Employees Benefit Division
CENTRAL OFFICE

DRF Membership No:
Employee No:

APPLICATION TO BE SUBMITTED THROUGH THE BRANCH
MANAGER/DEPARTMENTAL HEAD OF BRNACH/OFFICE
WHERE THE DECEASED EMPLOYEE HAS LAST WORKED

Dear Sir,

I beg to apply for payment of ex-gratia to which I am entitled under Rule 3 read with Rule 9 of Union Bank Employees Death Relief Fund, as a nominee of late _____ who was a member of the fund and died on _____. Necessary Particulars relating to my claim are given in the statement below:

STATEMENT

I

1. Name In Full :
2. Address :
3. Department/Branch/Section
Where last employed :
4. Post held :
5. Date of Appointment :
6. Date of death of the employee and
Evidence/witness in support thereof :
7. Month of payment of first monthly contribution :
8. Month of payment of last monthly contribution :



9. Nominee/Legal heirs :

II. I declare that the particulars mentioned in the above statement are true and correct to the best of my knowledge.

Yours faithfully,

Signature
of the Branch Manager/ Departmental Head

Signature/Thumb Impression of
the Applicant's Nominee

Place :

Date:

(For the use of branch/office where the deceased/disabled employee has last worked)

We have verified the above information and confirm its correctness.

We certify the genuineness of the signature of the nominee.

We also certify that

- The Applicant is eligible under Rules.
- The Applicant is within the scope of the Rules.

Signature of the Branch Manager/Dep. Head

Name of the Branch/Department

Place:

Date:



ANNEXURE

To be stamped as per
Stamp Act in the State

LETTER OF INDEMNITY to be taken before Payment of Salary, Bonus, Provident Fund/Gratuity Fund, etc., to legal heirs of deceased Bank employee, when Bank Officers give a letter stating that he/they know the deceased and his legal heir/s and that the Letter of Indemnity bears the genuine signature of all the Legal heirs

To:

In consideration of your agreeing to pay and / or paying me/us _____

(insert here names of all legal heirs/representative of the deceased) the sum of Rupees _____ being the salary/bonus/gratuity/provident fund/DRF Ex gratia due to Mr./Mrs./Miss _____ a deceased employee of Union Bank of India, last worked at _____ Branch without production of Letter of Administration or Succession Certificate or other legal representation to his/her estate and on the strength of my/our representation that I am /we are the only surviving legal heir/s/representatives of the said late Mr./Mrs./Miss _____ who died on _____, without leaving a will and that I/we am/are solely entitled to the same, I/we the under named person/s:

Full Name	Age	Relationship with the deceased	Permanent Address
-----------	-----	--------------------------------	-------------------

1. _____
2. _____
3. _____

as Principals



and I/we the undersigned :-

Full Name

Age

Permanent Address

1. _____

2. _____

as sureties

do hereby for myself/ourselves and my/our heirs, legal representative/s, executors and administrators jointly and severally AGREE AND UNDERTAKE to indemnify you and your successors and assigns and keep them indemnified against all claims, demands, proceedings, losses, damages charges and expenses which may be raised against or incurred by you by reason or in consequence of your having agreed to pay/or paying me/us the said sum as aforesaid.

Signed, Sealed and delivered by the above named on this _____ day of 20__

(All heirs of the deceased)

(Signature)

(Signed and delivered by the above named)

(Sureties)

(Signature)



ANNEXURE

(On Non Judicial stamp Paper of adequate Value as per the Stamp Act in your State)

DRAFT OF AFFIDAVIT to be taken before Payment of Salary, Bonus, Provident Fund/Gratuity Fund, etc., to legal heirs of deceased Bank employee, when Bank Officers give a letter stating that he/they know the deceased and his legal heir/s and that the Letter of Indemnity bears the genuine signature of all the Legal heirs and sureties is **not produced**

I/We _____ do
Hereby solemnly and sincerely affirm/swear and state as follows :

1. Mr./Mrs./Miss

_____ died on _____ at _____. I/we state that I/we have requested Union Bank of India / Trustees of Union Bank of India Provident / Gratuity Fund to pay to me/us the salary/ bonus/Provident Fund/Gratuity due to the deceased Mr./Mrs./Miss _____ as follows :

Account/Claim

Amount

1. Salary
2. Bonus
3. Provident Fund
4. Gratuity
5. DRF Ex-gratia

The declaration is being made to enable the Bank/trustees to settle my/ our claim in respect of above accounts/ matters/ Terminal Benefits.

I/we the under named person/s, am/are, the only heir/s legal representative/s surviving the deceased:

Name Age Relation with deceased Permanent Address



AFFIDAVIT(CONTD.)

I/we further declare that:-

1. The deceased died without leaving a "Will" OR the deceased has left a will dated _____ being his/her last and only will and testamentary disposition whereby the claimant mentioned herein have been bequeathed with the amounts shown hereinabove. (Applicable only where obtaining of a Probate from a Court of Law is not compulsory).
2. Apart from the persons mentioned in the application/Claim form submitted by us to Bank and whose names are stated hereinabove the deceased has not left any other legal heir/s legal representatives.
3. The amount coming up to the share of minor legal heirs shall be utilized by me/us for the benefit of the minor/s.

Signature of all legal heirs

Solemnly affirmed at

Before Me

Dated :

(SEAL)

Signature & Seal of
Judicial/Metropolitan Magistrate)



ANNEXURE

To be stamped as per
Stamp Act of the State.

DRAFT OF THE INDEMNITY BOND to be taken before payment of Salary, Bonus, Provident Fund, Gratuity Fund etc., to legal heirs of Deceased Bank employee, when a letter from Bank Officer/s stating That he/they know the deceased and his legal heir/s and that the Letter of Indemnity bears the genuine signature of the Legal heir/s Is **not produced.**

In consideration of UNION BANK OF INDIA/Trustees of Union Bank Employees Gratuity/Provident Fund/Administrators of DRF(herein after called"the Bank"/"The Trustees"/ " the Administrators" having agreed to pay and paid the undersigned Mr./Mrs./Miss. _____ the amount of Rs. _____(Rupees _____) Salary, Bonus, Provident Fund, Gratuity, DRF ex-gratia dues payable to Mr./Mrs./Miss. _____ an employee of Union Bank of India,the strength of representation made by the said Mr./Mrs./Miss _____(who died on _____) that he/she/they is/are solely entitled to the same without insisting on succession certificate/probate/Letter of Administration or other legal representation of the estate of the said deceased, I/We the undersigned

Full Name Address	Age	Relationship with the deceased	Permanent
----------------------	-----	--------------------------------------	-----------

1. _____
2. _____
3. _____

as Principals



and I/we the undersigned :-

Full Name

Age

Permanent Address

1. _____

2. _____

as sureties

Themselves, their heir/s, executors and administrators jointly severally do hereby covenant from time to time and at all times hereafter to save defend and keep harmless and indemnified the Bank/Trustees/ Administrators /its/their successors and assigns of from and against all actions, suits proceedings, accounts, expenses, losses, claims and demand for or in respect of the said monies on the part of any persons or firms claiming under or in the right of the said(Name of the deceased) _____

_____ and from against all costs, damages and liabilities in connection therewith.

Signed and delivered by the within named

(Name)

(Signature)

As Principals

(And)

(Name)

As Sureties

_____ this _____ day _____

Of _____ 2021 in the presence

(SEAL)

NOTARY/JUDICIAL MAGISTRATE

2. Covid-19 Death Relief Exgratia of Rs.20.00 lakhs

Nodal Officer: Abhijeet Inamdar: Mobile No. 8717933496



Check list of Documents:

1. Common Documents {to be obtained for both Nominee(s)/ Legal Heir(s):

- a) 'Death Certificate' issued by the competent authority in respect of the deceased employee.
- b) 'Final Death Report/ summary' from the treating doctor/ hospital clearly mentioning that the deceased employee was found positive for COVID-19 and has died due to COVID-19 infection.

2. Documents required in case nomination is same for Provident Fund & Gratuity in Bank records, along-with above mentioned common documents:

- a) Duly signed application/ representation from the concerned "nominee(s)" of the deceased employee, requesting therein for 'payment of ex-gratia amount' & mentioning therein the accurate account number pertaining to the concerned nominee(s) along with the correct IFSC Code of the branch to which the account pertains to.
- b) KYC document/ Proof of Identity in respect of the concerned nominee(s) viz. AADHAAR Card, Passport copy etc.
- c) Duly signed "Irrevocable Letter of Undertaking" format to be submitted by the 'concerned nominee(s)'
(The said format has been circulated vide Staff Circular 7279 dated 02.11.2020).

3. Documents required in case nomination is different for Provident Fund & Gratuity or no nomination is available for either PF or Gratuity in Bank records, along-with above mentioned common documents:

- a) Application/ representation from the concerned "legal heir(s)" of the deceased employee, requesting therein for 'payment of ex-gratia amount' & mentioning therein the accurate account number pertaining to the legal heir(s).
- b) KYC document/ Proof of Identity in respect of the concerned legal heir(s) viz. AADHAAR Card, Passport copy etc.
- c) Mandate from the legal heir(s) as to how the payment is to be made. In case, the 'payment of the ex-gratia amount' is to be made to anyone of the legal heir(s) then a "Mandate" is to be collected from all the legal heir(s) to this effect. In case the payment is to be made to all the 'legal heirs' then a representation is to be collected duly signed by all the legal heirs providing therein the 'Joint account number' for crediting the ex-gratia amount.

4. All the required documents along with Annexure-I should be forwarded to Central Office for approval.



Application to be obtained from Nominee(s)

To
The Assistant General Manager (HR)
Human Resource Management Department,
Central Office, Mumbai

Payment of one time ex-gratia in case of death due to COVID-19 infection

Respected Sir,

I wish to inform you that Shri/ Ms./ Mrs. _____,
_____ (Designation), _____ (Branch
Name) passed away due to Covid-19 infection on _____.

I/ We, Shri/ Ms/ Mrs _____,
(Relationships) of the deceased employee hereby declare that I/ we, am/ are the
'nominee'/'nominees' for both "provident fund" and "gratuity" in respect of the deceased
employee and as per the terms and conditions of the ex-gratia scheme for payment of one time
ex-gratia amount on account of death due to Covid-19, I/ we request you to credit the ex-gratia
amount of Rs. 20.00 lakhs to my/ our below mentioned account:

Name of the Account Holder(s) :
Account Number :
Name of the Branch :
IFSC Code :

I/ we submit herewith all the other requisite/ necessary documents for settlement of the ex-
gratia claim for your kind perusal and necessary record.

Yours sincerely

{Name of the Applicant(s)}

Date:

Mobile Number(s) :
Address :



Annexure I to SC 7279

Dated:

Irrevocable Letter of Undertaking

To
Union Bank of India,
Union Bank Bhawan,
239,Vidhan Bhawan Marg,
Nariman Point,
Mumbai – 400021

IN CONSIDERATION of Union Bank of India (hereinafter referred as **Bank**) agreeing to pay and/or paying me in accordance with the scheme for payment of one time ex-gratia to employees of the Bank against death due to COVID-19, an ex-gratia amount of Rs.20 lakhs in capacity as Registered Nominee of the Deceased employee late Mr./Mrs. _____ in Provident Fund and Gratuity Fund, I do hereby Irrevocably UNDERTAKE to share/divide the compensation/ ex-gratia amount of Rs.20 Lacs received from the Bank, proportionately with other legal heirs of deceased late Mr/ Mrs/....., if any in accordance with the law.

I further undertake that I will be trueful trustee for the money so received and the Bank shall have no further obligations in this regard.

Signature

Name:

Present Residential address:

Mobile No.

Email Id:

ANNEXURE-I

To
The Assistant General Manager (HR),
Central Office,
Mumbai

Subject: Payment of One Time Ex-gratia amount against death due to COVID 19

We are in receipt of an application for payment of one time ex-gratia amount against death due to COVID-19, from the dependent/ nominee of Shri/ Smt/ Ms. _____.

The details of the deceased are as follows:

Name of Employee	
Designation	
Branch and Region	
Date of Death	
Ex-gratia claimed by Name: Relation:	

We have checked the enclosed documents and confirm that the following are being forwarded to you as per requirements of the Bank:

1. Death Certificate
2. Report by treating Doctor clearly mentioning that the deceased found positive for COVID-19 and has died due to the ailment.

We hereby confirm that the application complies with the guidelines issued vide Staff Circular No. 7177 dated 17.04.2020.

Recommended for payment of one time ex-gratia against death due to COVID 19.

REGIONAL HEAD

Date.....



3. Application for compassionate appointment/ex-gratia

Nodal Officers: Smt. Manasi Narkhede Mobile No. 9820147317
Shri Vivekanand Mandalik. Mobile No.7738477957



Checklist for documents required for applying for
Compassionate appointment/Ex-gratia payment.

Sr.No.	Documents	Yes	No
		Please tick the relevant column	
1.	Application form (Part-A) duly filled in along with all financial information and correct family details. The Form should be properly witnessed with date. Part B & C should be duly signed by the RH.		
2.	Aadhaar and Pan card copies of all dependent family members		
3.	Educational qualification mark sheets and passing certificates issued by Universities for applicant and other siblings. For students in the family submit latest admission fee receipts		
4.	Family Income certificate issued by Govt. Authority <u>in case no other Income proof is available.</u> Cast Certificate in Bank's format (only in case of SC/ST & OBC Candidates)		
5.	The applicant has to submit education qualification proofs i.e. 10 th , 12 th and graduation mark sheets and passing certificates issued by universities However, if the applicant is pursuing Graduation he has to submit relevant documentary evidence like latest fee receipts/bonafide certificate issued by college.		
6.	Notarized NOC on Rs.100/- stamp paper from all the family members for compassionate appointment of the applicant		
7.	An undertaking in writing that he/she will maintain properly the other family members who were dependent on the deceased employee.		
8.	Ration Card copy/ Revenue authority certificate showing correct names of family members.		
9.	Detailed inspection report by the any Senior Official nominated by RO regarding – earning / employment status of the family members, their marital status and education qualification, any other source of income of family other than family pension		
10.	Copy of bank passbooks of all dependents since date of death		



Application for Employment of Dependents of Employee Dying while in Service

PART A (i)

I Shri/Smt. _____ regret to inform that, my _____ Shri/Smt. working as _____ at _____ has expired on at the age of _____ years.

* I, Shri / Smt. _____ am the _____ of Shri / Smt. _____ I request that, my appointment be considered on compassionate grounds in terms of the Scheme.

The personal details of the deceased employee is as under:-

1	Name	
2	Employee No.	
3	Designation	
4 a	Last Posting	
4 b	Regional Office	
5 a	Date of Birth	
5 b	Age at Death	
5 c	Remaining months of service	
6	Date of Joining	
7	Length of Service	
8	Date of Death	
9	Category(SC/ST/OBC)	
10	No. Of Dependents	
11	Full last month salary net of taxes	

Terminal Benefits:	Amount (Rs)	
1. PF/NPS		
2. Gratuity		
3. PL Encashment		
4. Other Terminal benefits(hsg.loan Exgratia, etc)		
Total Terminal Benefits	(A)	
Liabilities:		
Details of loan taken from Bank and /or other Financial Institutions with the prior approval of the Bank:		
(i)		
(ii)		
(iii)		
Total liabilities	(B)	
Gross Terminal Benefits (A-B)	(C)	



Investments:			
(i) Deposits			
(ii) NSCs			
(iii) PPF			
(iv) LIC & other Life Insurance Policies including Postal Life Insurance			
(v) Others			
Total Investments	(D)		
Net Terminal Benefits (C+D)	(E)		
Details of movable property			
Details of immovable property			
Monthly income of the family from all sources:			
(i) Family Pension from Bank			
(ii) Family Pension from Defence			
(iii) Pension of dependents			
(iv) Monthly income from investments mentioned above			
(v) Monthly interest on Terminal Benefits at max. Staff Rate			
(vi) Monthly income from movable & immovable property (on items mentioned above)			
(vii) Monthly income of dependent family members.			
(viii) Any other monthly income.			
Total monthly income of the family			

Details of the candidate applying for compassionate appointment in terms of the scheme are as under:

1	Name	
2	Relationship with the deceased	
3(a)	Date of Birth	
3(b)	Age on date of a application	
4	Educational qualifications	
5	Experience if any	
6	Whether any other dependent family member has been appointed on compassionate grounds if yes, provide details	
7	Category (SC/ST/OBC/Gen.)	



(III) Details of all dependent family members of the deceased employee :

SNO	Name	Relationship with deceased employee	Date of Birth	Qualification	Address	If earning Source of Income, Name of Employer	Monthly Emoluments
1	2	3	4	5	6	7	8

DECLARATION/UNDERTAKING•.

1. I hereby declare that the facts given by me above are, to the best of my knowledge, correct. If any of the facts herein mentioned are found to be incorrect or false at a future date, my services may be terminated.
2. I hereby also declare that I shall maintain properly the other family members who were dependent on the deceased employee mentioned against 1 of Part-A(i) of this form and in case it is proved at any time that the said family members are being neglected or not being properly maintained by me, my appointment may be terminated.

Date:

Signature of the candidate

Name : _____

Address: _____



Shri/Smt/Kum _____ is known to me and the facts mentioned by him/her are correct and verified by me.

Date:

Signature of witness*

Name : _____

Address: _____

* either any employee in the Senior level of Bank or Gazetted rank official from State/Central Government.



PART-B

(TO BE FILLED IN BY REGIONAL OFFICE)

Details of the candidate for compassionate appointment:

1	Name	
2	Relationship with the deceased employee/ employee voluntarily retired on medical grounds/missing employee	
3 a	Date of Birth	
3 b	Age on date of application	
4	Educational qualifications	
5	Experience if any	
6	Whether any other dependent family member has been appointed on compassionate grounds, if yes provide details	
7	Category (SC/ST/OBC/Gen.)	
8	Post for which employment is proposed	
9	Whether there is vacancy in that post within the Ceiling of 5% prescribed under the scheme of compassionate appointment.	
10	Whether the candidate fulfills the requirements of the Recruitment Rules for the post.	
11	Apart from waiver of recruitment procedure what other relaxation are to be given	

II. Whether the facts mentioned in Part-A have been verified by the office and if so, indicate the records _____

III. Recommendations of the Regional Head/Field General Manager:

(Signature of Regional Head/Field General Manager and office seal / stamp)

PART C

Details of Disciplinary Action concluded/ pending/contemplated against the employee

- 1) Name of the employee
- 2) Employee Number
- 3) Disciplinary Action taken & concluded against the employee in his/her service in the Bank (give details of each of the penalties imposed during the entire service)
 - Nature of misconduct (Major/Minor):

 - Penalty imposed :
- 4) Disciplinary Action pending against the deceased employee at the time of his death/VRS/Missing:
 - Nature of misconduct (Major/Minor) :

 - Penalty contemplated :

Certified for correctness of information/ details provided hereinabove.

Date:

REGIONAL HEAD / FIELD GENERAL MANAGER

(NOTE: PLEASE MENTION “NIL” REMARKS IN CASE NO DISCIPLINARY ACTION TAKEN & CONCLUDED AGAINST THE EMPLOYEE IN HIS/HER SERVICE IN THE BANK OR PENDING AGAINST THE DECEASED EMPLOYEE AT THE TIME OF HIS DEATH/VRS/MISSING. “NA” REMARKS ARE NOT ACCEPTABLE)



ANNEXURE II

**FORMAT OF APPLICATION FOR GRANT OF EX-GRATIA AMOUNT
IN LIEU OF APPOINTMENT ON COMPASSIONATE GROUNDS**

(To be submitted by the dependent including widow of the deceased employee)

The General Manager
Union Bank of India
Human Resource Management Department
Manpower Planning & Recruitment Division
8th floor, Union Bank Bhavan
239, Vidhan Bhavan Marg
Nariman Point
Mumbai – 400 021.

Date of Receipt of application

- by branch
- by RO
- by CO
- Date of disposal
at CO

Through: Branch Manager / Departmental Head
_____ Branch / Office

APPLICATION FOR EX-GRATIA AMOUNT IN LIEU OF COMPASSIONATE APPOINTMENT

Dear Sir,

1. I, _____ regret to inform you that my husband/_____ (state relation), who was working at _____ Branch / Office, expired on _____. He/she was survived by the following: -

Sl. No.	Name	Age / Relationship	Educational qualification	Whether employed	Marital Status

2. Other details:

<p>(1) Terminal Benefits</p> <ul style="list-style-type: none"> a. PF/NPS b. Gratuity c. Leave Encashment d. Any other amount paid under Bank's Scheme(s) <p style="text-align: right;"><u>Sub-Total A</u></p>	
--	--



(2) Liabilities Loans taken from Bank and/or other Financial Institutions with the prior approval of the Bank. (i) (ii) (iii)	
SUB-TOTAL (B)	
(3) Net corpus of Terminal Benefits (C=A-B)	
(4) Investments (i) Deposits (ii) NSCs (iii) PPF (iv) LIC policies (v) Others	
SUB-TOTAL (D)	
(5) Details of movable property, if any, held and monthly income derived there from.	
(6) Details of immovable property, if any, held and monthly income there from.	
(7) Monthly income of dependent family member (Attach a photocopy of salary slip, if employed)	
(8) Any other monthly income.	
(9) Last drawn Gross Salary (net of taxes). (Please attach the attested copy of salary slip)	

3. I request you to consider my case for ex-gratia amount as provided in the scheme.

SIGNATURE OR THUMB IMPRESSION OF THE APPLICANT

Date:

Place:

Residential Address:

(with Tel.No.)



4. Application for release of Gratuity:

Nodal Officer: Mr. Hrishikesh Jha
Mr. Sandip Kadam

Mobile No. 7979814646/
Mobile No. 8408068787



- The duly filled in applications along with the recommendations of Branch/RO to be sent to Central Office for sanction. The check list for processing the application is as under.

Sr.No.	Documents	Yes	No
		Please tick the relevant column	
Where Nomination is available in Union Parivar			
1.	Application as per Form J signed by nominee		
2.	Gratuity Worksheet		
3.	Death Certificate of the employee		
4.	KYC documents of the nominee		
Where Nomination is not available in Union Parivar			
1.	Claim Form K duly signed by all the legal Heirs		
2.	A Copy of the Death Certificate		
3.	KYC of all the legal Heirs		
4.	Family Member Certificate/Legal Heir Certificate issued by competent authority		
5.	Indemnity and Affidavit as per Banks format duly signed by all the legal heirs		
6.	Gratuity Work Sheet		



APPLICATION OF GRATUITY BY A NOMINEE FORM 'J'

The Managing Director,
UNION BANK OF INDIA
MUMBAI – 400 021

Application to be Submitted through the Branch Manager/Departmental Head of the Branch/Office where the deceased employee has last worked.

Dear Sir,

I beg to apply for payment of Gratuity to which I am entitled under Sub-Section (I) of Section 4 of the Payment of Gratuity Act, 1972s a Nominee of late _____(Name of the employee) who was an employee of your establishment and died on the _____.

The Gratuity is payable on account of death of the aforesaid employee while in service/superannuation of the aforesaid employee on _____ retirement/resignation of the aforesaid employee on _____ after completion of _____ years of service/total disablement of the aforesaid employee due to accident or disease while in service with effect from _____. Necessary particulars relating to my claim are given in the statement below :

STATEMENT

I.

1. Name of the Applicant nominee :
2. Address in full of the Applicant nominee :
3. Marital status of the applicant nominee (unmarried/married. widower/widow) :
4. Name in full of the employee :
5. Marital status of the employee :
6. Relation of the nominee with the employee :



7. Total period of service of the employee :
8. Date of joining of the employee :
9. Date and cause of termination of service of the employee :
10. Department/Branch where the employee last worked :
11. Post held by the employee :
12. Total wages last drawn by the employee : Basic + Sp. All + D.A. = Total
13. Date of death and evidence witness as proof of death of the employee :
14. Reference no. of recorded nomination if available :
15. Total Gratuity payable to the employee :
16. Share of Gratuity claimed :

II. I declare that the particulars mentioned in the above statement are true and correct to the best of my knowledge and belief.

III. Payment may please be made in Crossed or Open Bank Cheque.

IV. As the amount payable is less than Rupees One thousand, I shall request you to arrange for payment of sum due to me by Postal money order at the address mentioned above after deducting Postal money order commission there from.

Yours faithfully,

Signature/Thumb Impression of
the Applicant Nominee

Place :

Date:



(FOR THE USE OF THE BRANCH / OFFICE WHERE DECEASED EMPLOYEE LAST WORKED)

We have verified the above information and confirm its correctness. The deceased employee has availed of the following Loans and the amount presently outstanding there against are:-

- A) CLEAN LOAN : Rs.
- B) HOUSING LOAN : Rs.
- C) FESTIVAL ADVANCE/ ADVANCE SALARY : Rs.
- D) ADVANCE AGAINST T. E. BILLS : Rs.
- E) ANY OTHER DUES (SPECIFY)

Last Salary Paid For :

Deductions	P.F	P.F.	Hsg.	Conv.	Cln.	Fest.	Other	Total
from Salary:	___	<u>Loan</u>	<u>Loan</u>	<u>Ln.</u>	<u>Ln.</u>	<u>Adv.</u>	<u>Adv.</u>	Ded.

Rs. _____

We recommend the release /repayment of Gratuity Dues.

NAME OF THE BRANC/OFFICE : _____

Date:

(Signature of the Branch Manager/Dep. Head)

I, the Nominee of Shri./Smt./Kum. _____ hereby authorise you to effect the recoveries of all the dues of the Bank from the terminal benefits payable to Shri./Smt./Kum. _____.



(Signature of Nominee)

APPLICATION OF GRATUITY BY A LEGAL HEIR FORM 'K'

The Managing Director,
UNION BANK OF INDIA
MUMBAI – 400 021

Application to be Submitted through the
Branch Manager/Departmental Head of
the Branch/Office where the deceased
employee has last worked.

Dear Sir,

I beg to apply for payment of Gratuity to which I am entitled under Sub-Section (I) of Section 4 of the Payment of Gratuity Act, 1972 as a legal heir of late _____ (Name of the employee) who was an employee of your establishment and died on the _____ without making any nomination. The Gratuity is payable on account of death of the aforesaid employee while in service/superannuation of the aforesaid employee on _____ retirement/resignation of the aforesaid employee on _____ after completion of _____ years of service/total disablement of the aforesaid employee due to accident or disease while in service with effect from _____. Necessary particulars relating to my claim are given in the statement below :

STATEMENT

I.

1. Name of the Applicant legal heir :
2. Address in full of the applicant legal heir :
3. Marital status of the applicant legal heir (unmarried/married. widower/widow) :
4. Name in full of the employee :
5. Relation of the applicant with the employee :



6. Religion of both the applicant and the employee. :
7. Date of joining and total period of service of the employee :
8. Department/Branch where the employee last worked :
9. Post held by the employee :
10. Total wages last drawn by the employee : Basic + Sp. All + D.A. =
Total
11. Date and cause of termination of service of the employee :
12. Date of death of the employee and Evidence/witness in support thereof :
13. Total Gratuity payable to the employee :
14. Percentage of Gratuity claimed :
15. Basis of the claim and evidence/witness in support thereof :

II. I declare that the particulars mentioned in the above statement are true and correct to the best of my knowledge and belief.

III. Payment may please be made in Crossed or Open Bank Cheque.



IV. As the amount payable is less than Rupees One thousand, I shall request you to arrange for payment of sum due to me by Postal money order at the address mentioned above after deducting Postal money order commission there from.

Yours faithfully,

Signature/Thumb Impression of
the Applicant Legal heir

Place :

Date:

(FOR THE USE OF THE BRANCH / OFFICE WHERE DECEASED EMPLOYEE LAST WORKED)

We have verified the above information and confirm its correctness. The deceased employee has availed of the following Loans and the amount presently outstanding there against are:-

- F) CLEAN LOAN : Rs.
G) HOUSING LOAN : Rs.
H) FESTIVAL ADVANCE/ ADVANCE SALARY : Rs.
I) ADVANCE AGAINST T. E. BILLS : Rs.
J) ANY OTHER DUES (SPECIFY)

Last Salary Paid For :

Deductions	P.F	P.F.	Hsg.	Conv.	Cln.	Fest.	Other	Total
from Salary:	___	<u>Loan</u>	<u>Loan</u>	<u>Ln.</u>	<u>Ln.</u>	<u>Adv.</u>	<u>Adv.</u>	Ded.

Rs. _____



We recommend the release /repayment of Gratuity Dues.

NAME OF THE BRANC/OFFICE : _____

Date:

(Signature of the Branch Manager/Dep. Head)

I, the Legal Heirof Shri./Smt./Kum. _____ hereby
authorise you to effect the recoveries of all the dues of the Bank from the terminal benefits
payable to Shri./Smt./Kum. _____.

(Signature of Legal Heir)



WORKSHEET FOR SETTLEMENT OF GRATUITY

Branch to forward one copy
RO/ZO for their
recommendations.

RO/ZO to upload formats in
UNION PARIVAR sufficiently
in advance.

01. Name of Employee :
02. P.F. No. :
03. Residential address of employee :
04. Branch/Department where last employed :
05. Name of branch where employed :
During last 5years.
06. Last Post hold :
07. Date of Joining :
08. Date & Cause of cessation of service :
09. Last date of reporting on duty :
10. Period of absence during the service on:
Loss of pay :
I) On Medical grounds :
II) Unauthorized absences :
11. Total Period of service :
12. Basic salary for the last one year



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Year												
Basic Pay												
Spl. Pay												
FPP												
PQP												
Any other allow												

13. Place of posting during last 6 years

Period	Place	Designation

14. S.B. A/c No. of employee :
Where salary is being credited Branch :

15. Loans outstanding at Branch :

	Loans O/S, If any with any other branches	
	Branch	Amount
a) Loan advance O/S		
b) Housing Loan		
c) Clean Loan		
d) P.F. Loan		
e) Advance against T.E		
f) Advance against LFO		
g) Salary Advance		
h) Festival Advance		
i) Personal Loan		
j) Computer Loan		
k) NSC Loan		
l) Any other unadjusted advance		



16. Disciplinary action, if any during the service.

We certify that the above information is given as per our records. We recommend for the payment of gratuity and Provident as per his/her eligibility.

Place:

Date:

Accountant

Branch Manager

Recommendations of Regional Office/Zonal Office _____

We endorse the view of Branch and recommend for the payment of Gratuity and Provident Fund as per his/her eligibility.

Place:

Date :

ASST. GENERAL MANAGER/DY. GENERAL MANAGER



Annexure to Gratuity

**UNION BANK OF INDIA
REGIONAL OFFICE _____**

01. Name of the employee (since dismissed/Terminated)	:	
02. Effective date of dismissal/termination	:	
03. The Last date of attending the office	:	
04. Period the employee was under suspension	:	
05. How the above absence, if any between the last date of reporting & effective date of dismissal was regularised. If treated as unauthorised absence specify in detail.	:	
06. Whether punishment by way of <u>Penalty of censure</u> imposed for such unauthorised absence, if so furnish details.	:	
07. Whether any financial loss caused to the Bank on account of misconduct of the employee, if so the exact amount of financial loss.	:	
08. Whether dismissed/terminated on account of misconduct involving, moral turpitude.	:	
09. Please furnish copies of: a) Articles of charges b) Statement of allegation c) Dismissal Order	:	
10. Whether any appeal has been preferred, if so its Present position.	:	

Place:

Date:

Branch Manager

Place:

Date:

Senior Manager/Chief Manager/Asst.Gen. Manager/ Dy.Gen. Manager



ANNEXURE

To be stamped as per
Stamp Act in your State

LETTER OF INDEMNITY to be taken before Payment of Salary, Bonus, Provident Fund/Gratuity Fund, etc., to legal heirs of deceased Bank employee, when Bank Officers give a letter stating that he/they know the deceased and his legal heir/s and that the Letter of Indemnity bears the genuine signature of all the Legal heirs

To:

In consideration of your agreeing to pay and / or paying me/us _____ (insert here names of all legal heirs/representative of the deceased) the sum of Rupees _____ being the salary/bonus/gratuity/provident fund/DRF Ex gratia due to Mr./Mrs./Miss _____ a deceased employee of Union Bank of India, last worked at _____ Branch without production of Letter of Administration or Succession Certificate or other legal representation to his/her estate and on the strength of my/our representation that I am /we are the only surviving legal heir/s/representatives of the said late Mr./Mrs./Miss _____ who died on _____, without leaving a will and that I/we am/are solely entitled to the same, I/we the under named person/s:

Full Name	Age	Relationship with the deceased	Permanent Address
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

as Principals



and I/we the undersigned :-

Full Name

Age

Permanent Address

1. _____

2. _____

as sureties

do hereby for myself/ourselves and my/our heirs, legal representative/s, executors and administrators jointly and severally AGREE AND UNDERTAKE to indemnify you and your successors and assigns and keep them indemnified against all claims, demands, proceedings, losses, damages charges and expenses which may be raised against or incurred by you by reason or in consequence of your having agreed to pay/or paying me/us the said sum as aforesaid.

Signed, Sealed and delivered by the above named on this _____ day of 20____

(All heirs of the deceased)

(Signature)

(Signed and delivered by the above named)

(Sureties)

(Signature)



ANNEXURE

(On Non Judicial stamp Paper of adequate Value as per the Stamp Act in your State)

DRAFT OF AFFIDAVIT to be taken before Payment of Salary,Bonus, Provident Fund/Gratuity Fund, etc., to legal heirs of deceased Bank employee, when Bank Officers give a letter stating that he/they know the deceased and his legal heir/s and that the Letter of Indemnity bears the genuine signature of all the Legal heirs and sureties is **not produced**

I/We _____ do Hereby solemnly and sincerely affirm/swear and state as follows :

1. Mr./Mrs./Miss _____ died on _____ at _____. I/we state that I/we have requested Union Bank of India / Trustees of Union Bank of India Provident / Gratuity Fund to pay to me/us the salary/ bonus/Provident Fund/Gratuity due to the deceased Mr./Mrs./Miss _____ as follows :

Account/Claim

Amount

1. Salary
2. Bonus
3. Provident Fund
4. Gratuity
5. DRF Ex-gratia

The declaration is being made to enable the Bank/trustees to settle my/ our claim in respect of above accounts/ matters/ Terminal Benefits.

I/we the under named person/s, am/are, the only heir/s legal representative/s surviving the deceased:

Name	Age	Relation with deceased	Permanent Address
------	-----	------------------------	-------------------



AFFIDAVIT(CONTD.)

I/we further declare that:-

1. The deceased died without leaving a "Will" OR the deceased has left a will dated _____ being his/her last and only will and testamentary disposition whereby the claimant mentioned herein have been bequeathed with the amounts shown hereinabove. (Applicable only where obtaining of a Probate from a Court of Law is not compulsory).
2. Apart from the persons mentioned in the application/Claim form submitted by us to Bank and whose names are stated hereinabove the deceased has not left any other legal heir/s legal representatives.
3. The amount coming up to the share of minor legal heirs shall be utilized by me/us for the benefit of the minor/s.

Signature of all legal heirs

Solemnly affirmed at

Before Me

Dated :

(SEAL)

Signature & Seal of
Judicial/Metropolitan Magistrate)



ANNEXURE

To be stamped as per Stamp Act of the State.

DRAFT OF THE INDEMNITY BOND to be taken before payment of Salary, Bonus, Provident Fund, Gratuity Fund etc., to legal heirs of Deceased Bank employee, when a letter from Bank Officer/s stating That he/they know the deceased and his legal heir/s and that the Letter of Indemnity bears the genuine signature of the Legal heir/s Is **not produced**.

In consideration of UNION BANK OF INDIA/Trustees of Union Bank Employees Gratuity/Provident Fund/Administrators of DRF(herein after called "the Bank"/"The Trustees"/ " the Administrators" having agreed to pay and paid the undersigned Mr./Mrs./Miss. _____ the amount of Rs. _____ (Rupees _____) Salary, Bonus, Provident Fund, Gratuity, DRF ex-gratia dues payable to Mr./Mrs./Miss. _____ an employee of Union Bank of India, the strength of representation made by the said Mr./Mrs./Miss _____ (who died on _____) that he/she/they is/are solely entitled to the same without insisting on succession certificate/probate/Letter of Administration or other legal representation of the estate of the said deceased, I/We the undersigned

Full Name Address	Age	Relationship with the deceased	Permanent
----------------------	-----	--------------------------------------	-----------

1. _____

2. _____

3. _____

as Principals



and I/we the undersigned :-

Full Name

Age

Permanent Address

1. _____

2. _____

as sureties

Themselves, their heir/s, executors and administrators jointly severally do hereby covenant from time to time and at all times hereafter to save defend and keep harmless and indemnified the Bank/Trustees/ Administrators /its/their successors and assigns of from and against all actions, suits proceedings, accounts, expenses, losses, claims and demand for or in respect of the said monies on the part of any persons or firms claiming under or in the right of the said(Name of the deceased)_____ and from against all costs, damages and liabilities in connection therewith.

Signed and delivered by the within named

(Name)

(Signature)

As Principals

(And)

(Name)

As Sureties

_____ this _____ day _____

Of _____ 2021 in the presence

(SEAL)

NOTARY/JUDICIAL MAGISTRATE



5.Application for Family Pension:

Nodal Officer: Mr. Sudhir Bangar
Mr. Ganpat Hiralal Patel
Mr. Partha Sarathy
Mr. Prachi Sain

Mobile No. 7588069570
Mobile No. 8808833511
Mobile No. 9789870938
Mobile No. 9860989704



1. Checklist for processing the Application is as under

Sr.No.	Documents	Yes	No
		Please tick the relevant column	
1.	Application as per Form 4 signed by Spouse/eligible dependants		
2.	Letter of undertaking for recovery of excess payments made on account of pension settlement		
3.	Death Certificate of the employee		
4.	KYC documents of the applicant		
5.	Worksheet for sanction of Family Pension in case of death of an employee in Service		



FORM -4

**(Application for grant of Family Pension
On the death of the Employee / Pensioner)**

The Dy. General Manager(P),
Department of Personnel,
Union Bank of India,
Central Office.
Mumbai 400 021.

Recent Passport Size
Photograph of the
Applicant to be

Sir,

I regret very much to inform you of the said demise of my husband / wife
Shri/Smt. _____ on _____. The relative
death certificate is enclosed.

1. Details of the Applicant

A. Full Name

- i) Widow / Widower
- ii) Son / Daughter
- iii) Guardian if the deceased person is
survived by minor child or children

B. S.B. A/c No.(Individual):

Branch:

Zone:

2. Name & age of the surviving widow / widower and children of the deceased employee /
pensioner.

Sr. No.	Name	Relationship with the deceased person	Date of birth by Christian era	Occupation, if any



3. **Details of the deceased employee / pensioner**

- i) Full Name :
- ii) PF Number :
- iii) Designation :
- iv) Branch/Dept. last worked & Zone:
- v) Date of death :
- vi) Pension payment order number:

4. **Enclosures**

- 1. Passport size photographs of the applicant duly attested.
- 2. Certificate(s) of age (attested copies) showing the date of birth of the children. The certificate should be from the Municipal Authorities or from the head of the recognized school, if the child is studying in such school.
- 5. Indicate whether family pension is admissible from any other source Military or State Government and / or a public sector undertaking / autonomous body / local fund under the Central or State Government.

Signature Attested

Signature OR Left / Right hand thumb
impression of the applicant in case of
illiterate

Branch Manager / Department Head

Full Residential Address:

Date:

Witness:

1. Name: _____

Address: _____

Signature: _____

2. Name: _____

Address: _____

Signature: _____



LETTER OF UNDERTAKING FOR RECOVERY OF EXCESS PAYMENTS
MADE ON ACCOUNT OF PENSION SETTLEMENT

To
The General Manager (P)
UNION BANK OF INDIA
Department of Personnel
Terminal Benefits Division
Pension Fund Section
Central Office
Mumbai 400 021

Dear Sir,

I have been sanctioned Pension/ Family Pensions as per Staff Circular No. 5690 dated 27th August 2010 under Union Bank of India Employees' Pension Regulation, 1995. As per the said circular, I am eligible to get the commutation/ arrears on my pension. I understand that you are agreeable to release such commutation/ arrears of pension subject to my furnishing letter of authority / undertaking authorizing you to make recoveries of excess payments made if any to me while giving the commutation/ arrears of pension.

Accordingly, I hereby irrevocably authorize you to make any recoveries/ adjustments out of my future pension. If it is revealed at any time that I have been paid pension wrongly, I undertake to repay the amount immediately on demand in lump sum. This undertaking/ authority is irrevocable and binding upon me/ my legal heirs/ nominees as well.

Yours faithfully

Place :

Date :

Signature

Name of the pensioner/

Family pensioner

Pension Payment Order No

Employee's PF No

Telephone/ Mobile No.



6. Application for release of Provident Fund:

Nodal Officer: Mr. Rahul J Kshirsagar
Mr. Sandeep G. Padwal
Mrs. Shweta Singh

Mobile No.8105539045
Mobile No. 8087676686
Mobile No. 7607467800



1. Checklist for processing the Application is as under

Sr.No.	Documents	Yes	No
		Please tick the relevant column	
Where Nomination is available in Union Parivar			
1.	Application for refund of Provident Fund as per the prescribed Format.		
2.	Death Certificate of the employee		
3.	KYC documents of the nominee		
4.	Outstanding loans-details mentioned		
Where Nomination is not available in Union Parivar			
1.	Application for refund of Provident Fund as per the prescribed Format.		
2.	A Copy of the Death Certificate		
3.	KYC of all the legal Heirs		
4.	Family Member Certificate/Legal Heir Certificate issued by competent authority		
5.	Indemnity and Affidavit as per Banks format duly signed by all the legal heirs		
6.	Outstanding loans-details mentioned		



APPLICATION FOR REFUND OF PROVIDENT FUND

To
The Trustees,
Union Bank of India Employees,
Provident Fund Section,
CO, Union Bank Bhavan,
239, Vidhan Bhavan Marg,
Mumbai 400 021.

Application to be submitted
through Branch Manager/
Manager of the Branch/ Office
where the employee last worked

Your PF No: _____
Date :

WHETHER OPTED FOR PENSION: YES /NO

Dear Sir,

Consequent upon my Retirement /Resignation/ Termination /Death of Mr./Mrs./Miss _____
w.e.f. / on _____ apply for the repayment of my own contribution plus portion of the Bank's
Contribution to which I am entitled / the amount to which I am entitled under Rule No. 23 of the Union Bank of
India Employees Provident Fund Rules as nominee of the deceased employee and I request that the payment of
the amount due to me be made by a crossed "Account Payee" cheque drawn in my favour. The relevant
particulars in relation to my claim are given below:-

-
01. Full Name of the Employee :
 02. Designation :
 03. Branch /Office where employee last worked :
 04. Date of appointment in Bank's Services :
 05. Date of Leaving Bank's Services :
 06. Tenure of Service in the Bank :
 07. Reason for leaving Bank's Service : Retirement /Resignation /Termination /Death
 08. Full name of the Nominee :
 09. Residential address of the applicant/
Nominee preferring the claim :
 10. Relationship of the Nominee to employee :



11. Marital status of the employee :
12. Marital status of the nominee :
13. Non-refundable withdrawal against PF Accumulation availed (Write YES/NO) :
14. . Mention document enclosed evidencing date of Death of employee (in case of death) :
15. Whether opted for Pension (Write YES/NO) :

I declare that all particulars stated in the statement above are true and correct to the best of my knowledge and belief.

I hereby authorize you to recover against the credit of my Provident Fund Cheque all outstanding dues that are payable by me to the Bank.

Signature/ Thumb impression of the
Employee/ legal heir of the deceased

(TO BE FILLED IN BY THE BRANCH/ OFFICE WHERE THE EMPLOYEE LAST WORKED)

We have verified the information furnished overleaf and confirm its correctness. The employee has availed of the following loans/and the present outstanding thereof are as follows:

(IF THERE ARE NO RECOVERIES AGAIST ANY OF THE BELOW MENTIONED OUTSTANDING DUES HEAD, THEN PLEASE WRITE NIL THERE – AGAINST)

1. Housing loan
2. Clean loan
3. Festival Advance
4. Excess salary
5. Advance against T.A. Bills
6. Advance salary/L.F.C. Advance
7. Other Loans & Advance (specify)

WE RECOMMEND THE RELEASE/PAYMENT OF P.F. DUES
FOR UNION BANK OF INDIA

BRANCH MANAGER/MANAGER

DATE:

BRANCH/OFFICE



ANNEXURE

To be stamped as per
Stamp Act in your State

LETTER OF INDEMNITY to be taken before Payment of Salary, Bonus, Provident Fund/Gratuity Fund, etc., to legal heirs of deceased Bank employee, when Bank Officers give a letter stating that he/they know the deceased and his legal heir/s and that the Letter of Indemnity bears the genuine signature of all the Legal heirs

To:

In consideration of your agreeing to pay and / or paying me/us _____

(insert here names of all legal heirs/representative of the deceased) the sum of Rupees _____ being the salary/bonus/gratuity/provident fund/DRF Ex gratia due to Mr./Mrs./Miss _____ a deceased employee of Union Bank of India, last worked at _____ Branch without production of Letter of Administration or Succession Certificate or other legal representation to his/her estate and on the strength of my/our representation that I am /we are the only surviving legal heir/s/representatives of the said late Mr./Mrs./Miss _____ who died on _____, without leaving a will and that I/we am/are solely entitled to the same, I/we the under named person/s:

Full Name	Age	Relationship with the deceased	Permanent Address
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

as Principals



and I/we the undersigned :-

Full Name

Age

Permanent Address

1. _____

2. _____

as sureties

do hereby for myself/ourselves and my/our heirs, legal representative/s, executors and administrators jointly and severally AGREE AND UNDERTAKE to indemnify you and your successors and assigns and keep them indemnified against all claims, demands, proceedings, losses, damages charges and expenses which may be raised against or incurred by you by reason or in consequence of your having agreed to pay/or paying me/us the said sum as aforesaid.

Signed, Sealed and delivered by the above named on this _____ day of 20____

(All heirs of the deceased)

(Signature)

(Signed and delivered by the above named)

(Sureties)

(Signature)



ANNEXURE

(On Non Judicial stamp Paper of adequate Value as per the Stamp Act in your State)

DRAFT OF AFFIDAVIT to be taken before Payment of Salary, Bonus, Provident Fund/Gratuity Fund, etc., to legal heirs of deceased Bank employee, when Bank Officers give a letter stating that he/they know the deceased and his legal heir/s and that the Letter of Indemnity bears the genuine signature of all the Legal heirs and sureties is **not produced**

I/We _____ do Hereby solemnly and sincerely affirm/swear and state as follows :

1. Mr./Mrs./Miss _____ died on _____ at _____. I/we state that I/we have requested Union Bank of India / Trustees of Union Bank of India Provident / Gratuity Fund to pay to me/us the salary/ bonus/Provident Fund/Gratuity due to the deceased Mr./Mrs./Miss _____ as follows :

Account/Claim

Amount

1. Salary
2. Bonus
3. Provident Fund
4. Gratuity
5. DRF Ex-gratia

The declaration is being made to enable the Bank/trustees to settle my/ our claim in respect of above accounts/ matters/ Terminal Benefits.

I/we the under named person/s, am/are, the only heir/s legal representative/s surviving the deceased:

Name	Age	Relation with deceased	Permanent Address
------	-----	------------------------	-------------------



AFFIDAVIT(CONTD.)

I/we further declare that:-

1. The deceased died without leaving a "Will" OR the deceased has left a will dated _____ being his/her last and only will and testamentary disposition whereby the claimant mentioned herein have been bequeathed with the amounts shown hereinabove. (Applicable only where obtaining of a Probate from a Court of Law is not compulsory).
2. Apart from the persons mentioned in the application/Claim form submitted by us to Bank and whose names are stated hereinabove the deceased has not left any other legal heir/s legal representatives.
3. The amount coming up to the share of minor legal heirs shall be utilized by me/us for the benefit of the minor/s.

Signature of all legal heirs

Solemnly affirmed at

Before Me

Dated :

(SEAL)

Signature & Seal of
Judicial/Metropolitan Magistrate)



ANNEXURE

To be stamped as per Stamp Act of the State.

DRAFT OF THE INDEMNITY BOND to be taken before payment of Salary, Bonus, Provident Fund, Gratuity Fund etc., to legal heirs of Deceased Bank employee, when a letter from Bank Officer/s stating That he/they know the deceased and his legal heir/s and that the Letter of Indemnity bears the genuine signature of the Legal heir/s Is **not produced**.

In consideration of UNION BANK OF INDIA/Trustees of Union Bank Employees Gratuity/Provident Fund/Administrators of DRF(herein after called "the Bank"/"The Trustees"/ " the Administrators" having agreed to pay and paid the undersigned Mr./Mrs./Miss. _____ the amount of Rs. _____ (Rupees _____) Salary, Bonus, Provident Fund, Gratuity, DRF ex-gratia dues payable to Mr./Mrs./Miss. _____ an employee of Union Bank of India, the strength of representation made by the said Mr./Mrs./Miss _____ (who died on _____) that he/she/they is/are solely entitled to the same without insisting on succession certificate/probate/Letter of Administration or other legal representation of the estate of the said deceased, I/We the undersigned

Full Name Address	Age	Relationship with the deceased	Permanent
----------------------	-----	--------------------------------------	-----------

- _____
- _____
- _____

as Principals



and I/we the undersigned :-

Full Name

Age

Permanent Address

1. _____

2. _____

as sureties

Themselves, their heir/s, executors and administrators jointly severally do hereby covenant from time to time and at all times hereafter to save defend and keep harmless and indemnified the Bank/Trustees/ Administrators /its/their successors and assigns of from and against all actions, suits proceedings, accounts, expenses, losses, claims and demand for or in respect of the said monies on the part of any persons or firms claiming under or in the right of the said(Name of the deceased)_____ and from against all costs, damages and liabilities in connection therewith.

Signed and delivered by the within named

(Name)

(Signature)

As Principals

(And)

(Name)

As Sureties

_____ this _____ day _____

Of _____ 2021 in the presence

(SEAL)

NOTARY/JUDICIAL MAGISTRATE



7. Application for total withdrawal of NPS Fund:

Nodal Officer: Mr. Kunal Waghmare

Mobile Number:9730077783

1. Checklist for processing the Application is as under

Sr.No.	Documents	Yes	No
		Please tick the relevant column	
1.	Death Claim Form for withdrawal of NPS Fund as per the prescribed format		
2.	Original Death Certificate of the employee		
3.	KYC documents of the Nominee		
4.	Cancelled Cheque/Bank Statement/Pass-Book of nominees		
5.	A copy of the PRAN Card		



8. Application for PL Encashment:



PL ENCASHMENT REQUEST

(To be submitted at last place of posting)

To
The Branch Manager / Department Head
_____ Branch / Office

Madam / Sir,

Sub:- Request for release of PL Encashment of deceased staff member
Emp ID _____ Name _____

I / We request you to kindly release Encashment of balance Privilege Leave as per eligibility of
Late _____ Empld _____ who was last
posted at this Office / Branch.

Yours faithfully

(Signature of the Claimant)

Name of the Claimant :-

Relationship with Deceased Employee:-

Address :-

Contact No.

Date:-

9. Group Insurance cover for Staff Loan Accounts:

Nodal Officer: Mr. Alok Kumar Shukla

Mobile No. 7208234906



1. The Group Master Policy No is: GT001295

2. Checklist for forwarding the claim form is as under.

Sr.No.	Documents	Yes	No
		Please tick the relevant column	
	In case of Natural Death		
1.	Prescribed Claim form duly filled in		
2.	Death Certificate of the employee/member		
3.	Statement of Loan Accounts		
	In case of Accidental Death		
1.	Prescribed Claim form duly filled in		
2.	Death Certificate of the employee/member		
3.	A copy of FIR/Post Mortem Report/Spot Panchanama		
4.	Statement of Loan Accounts		
	In case of Death due to COVID		
1	Prescribed Claim Form		
2	Death Certificate		
3.	Hospital Discharge Summary/Report by the treating Hospital		
4.	RTPCR report from the treating hospital		
5.	Statement of Loan Accounts		