**Form 5 (PF)**

**Application For Payment Of Assurance Benefit Of Deceased Employee To Nominee/Legal Heir**

**Employees’ Deposit-Linked Insurance Scheme, 1976**

**(Para. 23)**

NOTE: Read the ‘Instructions’ carefully before completing this form

(Through the employer under whom the deceased was last employee

I being a nominee/legal heir/guardian of minor nominee(s) or minor heir(s) of the deceased employee apply for the payment of Assurance Benefit under the Employee’s Deposit-Linked Insurance Scheme, 1976.

**(FOR USE BY THE NOMINEE(S)/LEGAL HEIR(S), OTHER THAN MINORS)**

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| Name and address of the applicants(s)  | Sex | Age pr year of birth | Marital status | Relationship with the deceased | Remarks |
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**(FOR USE IN RESPECT OF MINOR NOMINEE(S)/HEIR(S))**

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| Name and address of the applicant(s)  | Sex | Age or year of birth | Name or minor nominee(s) heir(s) | Sex  | Age or year of birth | Relationship of the guardian with the minor nominee (s) heir(s) | Remarks |
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2. The particulars in respect of the deceased member are furnished below:

a. Name of the deceased

b. Father’s name (or husband’s name in the case of married woman)

c. Date of birth

d. Last employed in

e. Account Number in Provident Fund/insurance Fund

3. The particulars of the savings bank account into which the amount is to be deposited.

[Paragraph 24(3) of the Employees’ Deposit-Linked Insurance Scheme, 19761

a. Name and address of the claimant.

b. Name and full address of the Bank specified in Sch. I to the Banking

Companies (Acquisition and transfer of Undertakings) Act, 1970.

c. Savings Bank Account Number of the claimant:

I declare that the above particulars are true to the best of my knowledge. Date...............

Signature or left/right hand thumb-impression of Shri/Smt/Kum.............. the applicant.

(Left thumb-impression in the case of illiterate male applicants and right thumb impression in the case of illiterate female applicants)

**ADVANCE STAMPED RECEIPT**

Received a sum of Rs………..(Rupees………………..) from Regional Provident

Fund Commissioner/Officer-in-Charge of Sub- Regional Office……....by deposit in my savings bank account towards the Employees’ Deposit-Linked-Insurance benefit.

|  |
| --- |
|  AFFIX 1RUPEEREVENUESTAMP |

Date…………..

The space should be left blank which shall be filled in by Regional Provident Fund Commissioner/Officer-in-charge of Sub-Regional Office.

Signature or left/ right hand thumb-

impression of the claimant.

Certified that the claimant signed/thumb-impressed before me.

Encl:

Signature of the employer or any authorised official.

Designation………………….

Stamp of the Factory/Estt.

Date………………..

**(TO BE FILLED IN BY THE EMPLOYER ON DUE BASIS)**

Note: The employer of unexempted establishments should fill in the columns 2 and 3 only and the employer of exempted establishments should fill in all the columns.

Balance in Provident Fund at the end of the month preceding the 36 months immediately preceding the death of the member-

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| Month | Both shares of contribution | Refund of withdrawal | Interest | Withdrawal | Progressive Balance |
| 1 | 2 | 3 | 4 | 5 | 6 |

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Total of 36 months’ Provident Fund

Balance Rs.

Average balance Rs.