## **OPTION FORM**

(3 copies - one copy should be pasted on service book, one copy may be returned to employee after accepting option and one copy to be retained in official record.)

| deceased emp<br>Scheme.  | d by employees who were in service/retired and also eligible family member of cloyee who were earlier governed by CPF / EPF for switching over to Old Pension                |
|--|--|
| 1. I,pension schen already   |  |
|  | the option for pension once exercised will be final and irrevocable.   |
|  | the option for pension once exercised with so than any or  |
|  |  |
| _  | t/Office :   |
|  | No. (If any):  |
|  | D /GPF SAB No  |
| Note: If depe  | endent of the family member is applying for old pension scheme then relevan  |
| documents sh   | ould also be attached to ascertain eligibility under pension related provisions.   |
| documents sh  Witness:   | ould also be attached to ascertain eligibility under pension related provisions.  Signature of employee / dependent member with Data   |
| documents sh   | ould also be attached to ascertain eligibility under pension related provisions.   |
| documents sh  Witness:   | ould also be attached to ascertain eligibility under pension related provisions.  Signature of employee / dependent member with Data   |
| witness:   | ould also be attached to ascertain eligibility under pension related provisions.  Signature of employee / dependent member with Data   |
| Witness: Witness 1. Name in Full                                     | ould also be attached to ascertain eligibility under pension related provisions.  Signature of employee / dependent member with Data   |
| Witness: Witness 1. Name in Full Designation                         | ould also be attached to ascertain eligibility under pension related provisions.  Signature of employee / dependent member with Data  Signature and date  Signature and date |
| Witness: Witness 1. Name in Full Designation Witness 2.              | ould also be attached to ascertain eligibility under pension related provisions.  Signature of employee / dependent member with Data  Signature and date  Signature and date |
| Witness: Witness 1. Name in Full Designation Witness 2. Name in Full | ould also be attached to ascertain eligibility under pension related provisions.  Signature of employee / dependent member with Data  Signature and date  Signature and date |

| B. To be filled by office :  |
|--|
| Received from(Name & designation)  |
| regarding option forPension Scheme.  |
| Note: In case of family pension the relevant documents should also be submitted with option form.  |
|  |
| (Signature & Seal, Name and designation of receiving officer)  |
| Date :   |
| C. To be filled by officer of the authorized officer of the organization who is accepting the option   |
| (i) Details of amount deposited / transferred one time by the employee / dependent with interes  |
| (as applicable) Rs   |
| (ii) details of amount deposited / transferred one time by the employer (as applicable   |
| Rs   |
| (iii) Total amount one time deposited / transferred  |
| Rs   |
| Note:  |
| 1. This option form shall be accepted only after deposition / transfer of one time amount as pe<br>order issued by State Government  |
| 2. The last date of deposition / transfer of all amount is 30.06.2023. However in case there is difference in calculated amount and the deposited / transferred amount, the remaining amount can be deposited / transferred by the employee / employer / dependent one time upto 15-7-2023 |
| 3. It is certified that the calculation of deposited / transferred amount has been checked & the   |
| amount has been deposited/ transferred in the pension fund on  |
| As all due amount has been deposited / transferred in the pension fund, therefore the option   |
| of Mr. / Ms is accepted for pension / family   |
| pension from (date)  |
| Dated:   |
| Time:  |

Signature with Seal of the designation officer of the organization

संभित्ता शामन गात्रत्र-१।