

**APPLICATION TO THE TRUSTEES TO JOIN
RITES LIMITED EMPLOYEES SUPERANNUATION SCHEME**

1. Name of Employee: _____
(In Block Letters)
2. Date of Birth: Date _____ Month _____ Year _____
3. Designation & Employee No.: _____
4. Date of Superannuation: _____
5. Permanent Address: _____

- i) I, undersigned, hereby acknowledge having read and understood the circular dated ___ and the Rules which describe the terms of the Scheme arranged with the Life Insurance Corporation of India to provide benefits at my retirement from service.
- ii) I, now, apply for admission as a Member of the Scheme on terms laid down in the Rules.
- iii) As evidence of age, I shall furnish the proof/same to the Life Insurance Corporation of India immediately upon acceptance of my application for Membership by the Trustee.
- iv) I, hereby furnish my willingness for Employee contribution @ __% per month of basic pay and Dearness Allowance (applicable to serving employees only).

Signature

We certify that the above applicant has become eligible to be Member of RITES Limited Employees SUPERANNUATION SCHEME with effect from _____

For

(EMPLOYER)

FOR THE USE OF THE TRUSTEE(S)

The application for Membership of Sh. _____ is approved/not approved for admission to the Scheme from _____.

Date: _____

Communicated to the Member on _____

TRUSTEE/TRUSTEES

FORM 'B'

**FORM OF APPOINTMENT OF BENEFICIARY UNDER THE RULES OF
RITES LIMITED EMPLOYEES SUPERANNUATION SCHEME**

1. Name of Employee: _____
(In Block Letters)
2. Designation & Employee No.: _____
3. Date of Birth: Date _____ Month _____ Year _____
4. Sex: _____
5. Father/Husbands' Name: _____
6. Date of Superannuation: _____
7. Permanent Address: _____

I, the undersigned, a Member of RITES Ltd. Employees Superannuation Scheme, hereby nominate the following person as BENEFICIARY to receive the amount payable under the Rules governing the said Scheme, in the event of my death. This nomination shall prevail until otherwise informed to the Trustees.

Name of the Beneficiary	Relationship with employee	Age of Beneficiary	Permanent Address of Beneficiary	%age of share of benefit *

*(The percentage of benefit to be indicated in case there is more than one beneficiary.)

Photograph
Of
Beneficiary

Photograph
Of
Beneficiary

Photograph
Of
Beneficiary

Signature/Thumb impression of Beneficiary
Date: _____

Signature of Member
Date: _____

WITNESS BY:

1. Signature: _____
2. Name: _____
3. Address: _____

1. Signature: _____
2. Name: _____
3. Address: _____