CIRCULAR NO: FCIDCPS- 01/2017/ACCTS

Subject: Forms relating to FCI Defined Contribution Pension Scheme

In reference to the Administrative Circular no. FCIDCPS No: 01 / 2016 / ACCTS dated 30.12.2016 issued from file no. HQ / ACCTS / FCI / PENSION / 2016 pertaining to the implementation of “FCI Defined Contribution Pension Scheme” (DCPS) for the employees (Category I, II, III & IV) of the Corporation, as per the guidelines of Department of Public Enterprises (DPE), various Forms, as stated in the said Circular, are annexed herewith, in order to ensure proper implementation of the Pension Scheme.

<table>
<thead>
<tr>
<th>FORM NO.</th>
<th>DESCRIPTION</th>
<th>Time of submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORM NO. 1</td>
<td>MEMBERSHIP &amp; OPTION FORM BY THE EMPLOYEE</td>
<td>On or before 15th January’2017</td>
</tr>
<tr>
<td>FORM NO. 2</td>
<td>UNDERTAKING BY THE EMPLOYEE WHOSE SUPERANNUATION IS DUE BEFORE THE RECOVERY OF ARREARS OF EMPLOYEES’ CONTRIBUTION</td>
<td>On or before 15th January’2017</td>
</tr>
<tr>
<td>FORM NO. 3</td>
<td>VOLUNTARY/ADDITIONAL CONTRIBUTION BY MEMBERS</td>
<td>By 15th March Effective from 1st April</td>
</tr>
<tr>
<td>FORM NO. 4</td>
<td>OPTION BY THE RETIRING EMPLOYEE TO CONTRIBUTE FROM THE TERMINAL BENEFITS</td>
<td>One month prior to superannuation</td>
</tr>
<tr>
<td>FORM NO. 5</td>
<td>OPTION BY THE SPOUSE OF DECEASED EMPLOYEE TO CONTRIBUTE FROM TERMINAL BENEFITS RECEIVABLES BY THE SPOUSE</td>
<td>Immediate after the death of the deceased employee</td>
</tr>
<tr>
<td>FORM NO. 6</td>
<td>OPTION OF EX-EMPLOYEE / SPOUSE OF THE DECEASED EMPLOYEE TO BECOME MEMBER OF PENSION SCHEME</td>
<td>On or before 31st March’2017</td>
</tr>
<tr>
<td>FORM NO. 7(a)</td>
<td>OPT-OUT FROM FCI-DEFINED CONTRIBUTION PENSION SCHEME-SETTLEMENT (By Retired Employee Opt-out from DCPS)</td>
<td>On or before 31st March’2017</td>
</tr>
<tr>
<td>FORM NO. 7(b)</td>
<td>Opt-out from FCI-DEFINED CONTRIBUTION PENSION SCHEME-SETTLEMENT (By Beneficiary of the Deceased Employee Opt-out from DCPS)</td>
<td>On or before 31st March’2017</td>
</tr>
<tr>
<td>FORM NO. 8</td>
<td>NOMINATION FORM (UNDER RULE 24.11 OF PENSION SCHEME)</td>
<td>On or before 15th January’2017-For Serving Employees. On or before 31st March’2017-For Ex-employees.</td>
</tr>
</tbody>
</table>

The forms may be circulated among the employees, retired/ beneficiaries of the deceased employees for compliance

(Ajay Kumar)
Chief Genl. Manager (Pension)

Distribution:-
- Uploaded on FCI Official website.
FOOD CORPORATION OF INDIA
MEMBERSHIP & OPTION FORM BY THE EMPLOYEE
(DEFINED CONTRIBUTION PENSION SCHEME)

1. Name of the employee
2. Father's Name
3. Designation
4. Name of the Office/Place of posting
5. Gender
6. Staff Code No.
7. Employee No.
8. Permanent Account No. (PAN)
9. Aadhaar Number:
10. Date of Birth
11. Date of joining FCI
12. Date of Superannuation
13. Permanent address with Pin Code

14. Address for communication / Present address

15. Mobile number
16. E-mail ID

17. Option to deduct the arrears of Employee's tabulation @ 2% (Basic Pay + DA) a) in 15 installments
b) in 10 installments.
c) in lump sum

(Signature of the employee)
Date:-

(To be filled by the Controlling Office)
Details of lump sum payment of arrears, if opted.
Amount of payment:
Date of payment:
IOG No. & Date:

Above documents verified and countersigned by the controlling office.
Name:
Designation:
Date:
(with Seal)

Controlling Office to forward the Form to:-

1. The Manager / Assistant General Manager (Bills), FCI, Local.
2. The Secretary, FCI-DCP Trust, FCI, Headquarters.
3. The Assistant General Manager (Bills), FCI, Zonal Office
4. Personal File of the Employee.
FOOD CORPORATION OF INDIA
(DEFINED CONTRIBUTION PENSION SCHEME)
UNDERTAKING BY THE EMPLOYEE WHOSE SUPERANNUATION IS DUE BEFORE
THE RECOVERY OF ARREARS OF EMPLOYEES' CONTRIBUTION

UNDERTAKING

I, ____________________________, son/daughter/wife of Shri ____________________________, resident
of ___________________________________________ working as
__________________________________________ (Employee number ___________)
do hereby authorise the Corporation to recover the outstanding amount of arrears on account of
employee's contribution from "superannuation benefit payable to the employee".

Signature ___________________________________________

Name of the Employee ______________________________________

Designation _____________________________________________

Date of Superannuation ___________________________________

(To be filled by the Controlling Office)

Verified and countersigned by the controlling office.

Name: ________________________________________________

Designation: __________________________________________

Date: _________________________________________________
(with Seal)

Controlling Office to forward the Form to:-

1. The Manager / Assistant General Manager (Bills), FCI, Local.
2. The Secretary, FCI-DCP Trust, FCI, Headquarters (2 Copies).
3. The Assistant General Manager (Bills), FCI, Zonal Office
4. Personal File of the Employee.
FOOD CORPORATION OF INDIA
(DEFINED CONTRIBUTION PENSION SCHEME)
VOLUNTARY/ADDITIONAL CONTRIBUTION BY MEMBERS
(All entries in capital letters)
(To be exercised on or before 15th March- Effective from 1st April)

1. Name of the employee

2. Designation

3. Name of the office/Place of posting

4. Employee No.

5. Percentage of Voluntary/Additional Contribution

@_____% of (Basic Pay+DA)
{(Subject to maximum limit of 25% of (Basic Pay+DA))}

6. Date of option

(Signature of the employee)
Date:-

To:

1. The Assistant General Manager (Bills), FCJ, Local.
FOOD CORPORATION OF INDIA
(DEFINED CONTRIBUTION PENSION SCHEME)
OPTION BY THE RETIRING EMPLOYEE TO CONTRIBUTE FROM THE TERMINAL BENEFITS
(To be submitted one month prior to superannuation from FC)

1. Name of the employee
   ........................................................................................................................................
2. Designation
   ........................................................................................................................................
3. Name of the office/ Place of posting
   ........................................................................................................................................
4. Employee No.
   ........................................................................................................................................
5. Date of Birth
   ........................................................................................................................................
6. Date of Superannuation
   ........................................................................................................................................
7. Mobile number
   ........................................................................................................................................
8. Amount of contribution from terminal benefits.
   (Restricted to maximum due amount in each case)
   (a) From C.P.F.- Rs.__________ (Rupees__________)
   (b) From Leave Encahment: - Rs.__________ (Rupees__________)
   (c) From Gratuity: -Rs.__________ (Rupees__________)

   (Signature of the employee)
   Date: - ______________________
   .................................................................
   (To be filled by the controlling unit office)

Countersigned by the controlling office.

   Name:
   Designation:
   Date:
   (with Seal)

Controlling Office to forward the Form to:-

1. The Assistant General Manager / Manager (Bills), FC, Local.
2. The Secretary, FC-DCP Trust, FC, Headquarters. (2 Copies).
3. Personal File of the Employee.
FOOD CORPORATION OF INDIA
(DEFINED CONTRIBUTION PENSION SCHEME)
OPTION BY THE SPOUSE OF DECEASED EMPLOYEE
TO CONTRIBUTE FROM TERMINAL BENEFITS RECEIVABLES BY THE SPOUSE

SPOUSE DETAILS
1. Name of the Spouse
2. Aadhaar Number
3. Date of Birth
4. Address
5. Mobile Number

DECEASED EMPLOYEE DETAILS
1. Name of the deceased employee
2. Designation at the time of death
3. Name of the last office/Place of posting
4. Staff Code No.
5. Employee No.
6. Permanent Account No.(PAN)
7. Aadhaar Number:
8. Date of Birth
9. Date of joining PCI
10. Date of Death

(Copy of Original Death Certificate to be enclosed)

   (Restricted to maximum due amount in each case)
   (a) From C.P.F.- Rs.________________ (Rupees________________)
   (b) From Leave Encashment: - Rs.________________ (Rupees________________)
   (c) From Gratuity: -Rs.________________ (Rupees________________)

(Signature of the Spouse)
Date:-________________

DECLARATION BY WITNESS

Name and Address of the Witness
1. ________________________________
   ________________________________
2. ________________________________
   ________________________________

Signature of the Witness
________________
________________

(To be filled by the controlling unit office)

Verified and countersigned by the controlling office.

Name:
Designation:
Date:
FOOD CORPORATION OF INDIA
(DEFINED CONTRIBUTION PENSION SCHEME)
OPTION OF EX-EMPLOYEE/SPouse OF THE DECEASED EMPLOYEE
TO BECOME MEMBER OF PENSION SCHEME

1. Name of the Ex-Employee
2. Father's Name
3. Name
4. Designation
5. Name of the office last served
6. Gender
7. Staff Code No.
8. Employee No.
9. Permanent Account No. (PAN)
10. Aadhaar Number
11. Date of Birth
12. Date of joining FC
13. Date of Superannuation
14. Present/Correspondence address
   with Pin Code
15. Permanent address with Pin Code
16. Mobile number
17. E-mail ID

Details of Spouse of deceased employee
(Copy of Original Death Certificate to be enclosed)

17. Name of the Spouse
18. Aadhaar Number
19. Date of Birth
20. Address
21. Mobile Number

22. Details of remittance @ 2% on account of
   Employee's mandatory subscription for the
   Period w.e.f 01.12.2008 to ___________
   (till the date of superannuation / death)
   Amount (Rs.) _____________________
   Date of Payment: - ___/___/_____
   RTGS/NEFT/DD/Cheque reference
   number _____________________

23. Details of voluntary contribution to be paid by
   31.03.2017.
   Amount of Payment: _____________________
   Date of payment: - ___/___/_____
   RTGS/NEFT/DD/Cheque reference
   number _____________________

(Signature of the employee)
Date: _____________________

Above details verified and counter signed by the competent authority.

Name: _____________________
Designation: _____________________
Date: _____________________
(with Seal)

Controlling Office to forward the Form to:-
To
The Assistant General Manager (Pension)
FCI Defined Contribution Pension trust
16-20 Barakhamba Lane
New Delhi- 110052.

(THROUGH THE OFFICE LAST SERVED)

Subject: - Opt-out from FCI-DEFINED CONTRIBUTION PENSION SCHEME-Settlement thereof.

Sr,
I, __________________________, son / daughter / wife of __________________________
(CPF No. __________________________, Employee code no. __________________________), posted at __________________________ (Name of the office last served) had superannuated from the services of the Corporation on __________________________.

I have reviewed the provisions of the FCI-Defined Contribution Pension Scheme, implemented w.e.f 01.12.2008 in Food Corporation of India. After due diligence, to the best of my knowledge & belief, I do hereby opt-out from the said scheme and request the concerned authority to consider my claim for payment of share of Employer's Contribution in lump-sum. I do hereby relinquish all my rights annexed with the Pension Scheme as on date and as may arise afterwards.

I enclose herewith the following documents for necessary action. The pre-receipt of settlement amount of claim is also enclosed.

1. Bank Particulars:
   (a) Name of the Employee:________________________________________
   (b) Bank Name:________________________________________
   (c) Account Number:________________________________________
   (d) Branch & Address:________________________________________
   (e) IFSC Code:________________________________________
   (f) MICR Code:________________________________________
   (g) Permanent Account No.(PAN):________________________________________
   (h) Aadhaar Number:________________________________________

2. Copy of Cancelled Cheque. Endosed.

I hereby further authorize FCI / FCI-DCP Trust to deduct the statutory liabilities, if any, as applicable from the settlement proceeds.

Yours truly,

                               Name:
                               Address:
                               Mobile No.
                               Date:_____

(To be filled by the office)

Verified and counter signed by the competent authority.
(Where the employee last served)

                               Name:
                               Designation:
                               Date:
                               (With seal)

Controlling Office to forward the Form to:-

1. The Assistant General Manager / Manager (Bills), FCI, Local.
2. The General Manager, FCI-DCP Trust, FCI, Headquarters.
To

The Assistant General Manager (Pension)
FC Defined Contribution Pension trust
16-20 Barakhamba Lane
New Delhi- 110052.

(THROUGH PROPER CHANNEL)

Subject: - Opt-out from FC-DEFINED CONTRIBUTION PENSION SCHEME-Settlement thereof.

Sr,

My / Our father / mother / husband/wife Late ____________________________ (Name of the office last served) posted at ____________________________ (Name of the office last served) expired on ________________

We have reviewed the provisions of the FC-Defined Contribution Pension Scheme, implemented w.e.f 01.12.2008 in Food Corporation of India. After due diligence, to the best of our knowledge & belief, we do hereby opt-out from the said scheme and request the concerned authority to consider our claim for payment of share of Employer's contributions in lump-sum. We do hereby relinquish all our rights annexed with the Pension Scheme as on date and as may arise afterwards.

As required, we are enclosing herewith the following documents for necessary action.

1. Copy of Death Certificate                          Endosed in original / certified copy.
2. Bank Particulars:
   (i) Name of the Beneficiary:
   (j) Bank Name:
   (k) Account Number:
   (l) Branch & Address:
   (m) IFSC Code:
   (n) MICR Code:
   (o) Permanent Account No. (PAN):
   (p) Aadhaar Number:
   (q) Copy of Cancelled Cheque.                        Endosed.

The pre-receipt of settlement amount of claim is also enclosed. I hereby further authorize the FC / FC-DCP Trust to deduct the statutory liabilities, if any, as applicable from the settlement proceeds.

End: As above.

Yours truly,

Name:________________________________
Address:________________________________
Mobile No.:________________________________
Date:________________________________

(To be filled by the office)

Name / Relation / Amount to whom the CPF final payments were made: (a) ____________________________
(b) ____________________________
(c) ____________________________

Verified and counter signed by the competent authority.
(Where the employee last served)

Name:________________________________
Designation:________________________________
Date:________________________________
(With seal)

Controlling Office to forward the Form to:-

1. The Assistant General Manager / Manager (Bills), FC, Local.
2. The Secretary, FC-DCP Trust, FC, Headquarters.
3. The Assistant General Manager (Bills), FC, Zonal Office.
4. Personal File of the Employee.
FOOD CORPORATION OF INDIA
(DEFINED CONTRIBUTION PENSION SCHEME)
NOMINATION FORM (Under Rule-24.11)

1. Name of the employee
2. Father/Husband Name
3. Designation
4. Name of the office/Place of posting
5. Gender
6. Staff Code No.
7. Employee No.
8. Permanent Account No.(PAN)
9. Aadhaar Number:
10. Date of Birth
11. Date of joining FC
12. Date of Superannuation
13. Permanent address with Pin Code
14. Address for communication/Present address
15. Mobile number
16. E-mail ID
17. Details of Nominee(s)

<table>
<thead>
<tr>
<th>St. No.</th>
<th>Name</th>
<th>Age</th>
<th>Relationship with Employee</th>
<th>%age of share</th>
<th>If Minor, name of the Guardian</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

(Signature of the employee)

Date:- ____________________

DECLARATION BY WITNESS

Name and Address of the Witness: ____________________________

Signature of the Witness: ____________________________

1. ____________________________

2. ____________________________

(To be filled by the controlling unit office)

Verified and countersigned by the controlling office.

Name: ____________________________

Designation: ____________________________

Date: ____________________________

Controlling Office to forward the nomination to: