

Form 1

Option to Avail Benefits in case of death or discharge on invalidation or disability of member of service or subscriber during service

* I, _____, hereby exercise option that in the event of my discharge from service on the account of disability or retirement from service on account of invalidation or death during service, benefits under All India Services (Death-cum-Retirement Benefits) Rules, 1958 or Central Civil Services (Extraordinary Pension) Rules, as the case may be, may be paid to me or my family.

OR

* I, _____, hereby exercise option that in the event of my discharge from service on the account of disability or retirement from service on account of invalidation or death during service, benefits may be paid to me or my family, as the case may be, based on the accumulated pension corpus in the individual pension account under the National Pension System.

Signature of Member of service /subscriber

Name _____

Designation _____

Service and Cadre _____

Office in which employed _____

Telephone _____

Place and date: _____

This option supersedes any other option made by me earlier.

* Completely strike out the benefits for which option is not intended to be made.

(To be filled in by the Head of Office or authorised Gazetted Officer)

Received the option dated _____, made under Department of Personnel & Training letter No.25014/01/2024-AIS-II(Pension) dated _____.03.2025, by Shri/Smt./Kumari _____, Designation _____, Office _____.

Entry of receipt of option has been made in page ____ Volume ____ of Service Book.

Signature

Name and Designation of Head of Office or authorized Gazetted Officer with seal

Date of receipt _____

The receiving Officer will fill the above information and return a duly signed copy of the complete Form to the member of service who should keep it in safe custody so that it may come into the possession of the beneficiaries in the event of his or her death or invalidation.