FORM 14 THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 [Paragraph 62]

Applicable for Financing a Life Insurance Policy out of the Provident Fund Account

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	Commissioner, loyees' Provident Funds
I, _ employee of	son/daughter/wife of and and and of the and of the Commissioner to :
Establishme	nt) code No anthorise the Commissioner to :
. (i)	Withdraw a sum of Rs(Rupees
	Account No. and remit the same to the Life Insurance Corporation of India towards the initial premium in respect of my life insurance policy/proposal for Life Insurance details of which are given herein:
(ii)	make periodical withdrawal of Rs.
	(Rupees
(iii)	to convert the said Insurance Policy into a paid up one when the credit in my Provident Fund relating to my own contributions becomes in adequate for the payment of any premium, unless the payment of further premium is arranged by me with the Life Insurance Corporation of India and I informed the Regional Commissioner accordingly.
(iv)	to pay late fees and or interest of my own contribution in my own Provident Fund account if any premium cannot be remitted to the said Corporation in

time because of delay in sending to the Commissioner the policy duly assigned to the Central Doard of Trustees of the Employees' Provident Fund or

any other reason for which I or my employer may be responsible.

- I accept that: · 2. the authorisation at para 1 (ii) above shall be effective only when my Life i) Insurance Policy duly assigned to the Central Board of Trustees, Employees' Provident Fund has been received by the Commissioner after proper registration of assignment in the books of the said Corporation. the said authorisation shall thereafter remain operative till such time as I ii) continue to be a member of the Fund and had enough accumulation to my credit as my own share in the Fund, or till the maturity of the policy whichever is earlier. the terms of the policy shall not be altered nor shall the policy be exchanged iii) for another policy without the prior written consent of the Regional Commissioner. The policy enclose for inspection/ will be forwarded when received/has 3. already been assigned to the Central Board of Trustees of the Employees' Provident and accepted by the Commissioner vide his letter Fund 4 I am aware that the policy is assigned to the Central Board of Trustees of the Employees' Provident Fund as security within six months of the date of 1st remittance by the Fund to the said Corporation and sent to the Commissioner after registration of the assignment in the Books of the said Corporation. 5. i declare that: I had been a Member of the Fund for a period of not less than 2 years which is a) a minimum period for being eligible for financing the Insurance Policy from the Fund. the amount standing to my credit in my EPF Account / my own share is b) as on ____ which is sufficient for making payment to LIC for two years, c) My annual contribution to the fund Rs. _____ which is sufficient to pay the yearly premium,
- I also declare that the policy is free from any encumbrances and the details of the policy / proposal given herein are correct to the best of my knowledge.

I propose to nominate the same person for the PF,

d)

	7. Detail of the policy/proposals:
i)	Address of the Branch Office or unit of the Life Insurance Corporation where the policy account is to be maintained
íi)	Policy/Proposal No. & date
iii)	Sum assured/ proposed to be assured
ív)	Probable date of purchase of the policy
v)	Whether the proposal has been accepted and if so, by what date the first premium is to be paid
vi)	Cost of the policy (in the case of single premium purchase
vti)	Amount of yearly premia
viii) ix)	Due date (s) for payment of premium Date of payment of last premium
x)	Whether age has been admitted. If not state the nature of proof presented to Life Insurance Corporation
xi)	Name (s) of the nominee (s) under Section 39 of the Insurance Act, 1938
xii)	Guardian appointed under Section 39 of the Insurance Act, 1938 in respect of uninor nominees, if any
xiii)	*Details of any previous policy already assigned to the CBT or " Certified that I have not withdrawn any amount previously for financing any Insurance Policy out of my Provident Fund Account*
xiv)	Remarks
Date	: Signature or ** Left/Right hand thumb Impression of the Member.
••	Delete portion not required Left hand thumb impression in case of illiterate male member and right hand thumb impression by illiterate female member.
	Certified that this form has been signed/thumb impression before me by A/c: No. employed in
	A/c: Noemployed in(Name of the establishment)
Date	

authorised official

Designation

Code No. of the Establishment

Name and address of the

establishment & its stamp.

(For use in Regional Commissioner's Office)

Accounts Section

Average of yearly contribution (employees' share only) on the basis	Total contributions (employees' share only) as on	· ·	Whether the subscriber has contributed for
of recent 12 months		granted before, if so, mention the	
· /		date of withdrawal	
The above case has been 52. A sum of Rs	examined vide paras 62 to	64 of the Employees'	Provident Funds School
Clerk	S.S.	A.A.O	R.C

Insurance Section

D.P. Sheet prepared and put up for signature

Clerk (Insurance)

S.S (Insurance)

A.A.O