



FORM NO. 5A (PART I)

**APPLICATION IN DUPLICATE FOR COMMUTATION OF
PENSION SUBJECT TO MEDICAL EXAMINATION**

To,

The General Manager(P)
Department of Personnel,
Union Bank of India,
239, Vidhan Bahavan Marg,
Mumbai 400 021.

Space for affixing
attested
passport size
photograph

Dear Sir,

I desire to commute a fraction of my pension in accordance with Union Bank of India Employees' Pension Regulations, 1995. An attested copy of my photograph is affixed on the application and an unattested copy is enclosed. The necessary particulars are furnished below:

1. Name in full (in block letters) :
2. PF No :
3. Designation at the time of retirement :
4. Branch/Office last worked :
5. Name of the Region :
6. Date of birth :
- (as per Bank's service record)
7. Date of Joining the Bank :
8. Date of retirement :
9. Class of Pension :
10. Fraction of pension proposed to be commuted not exceeding 1/3rd thereof :

11. S. B. Account

12. Branch where pension is payable :

13. Name of the Region :

(Signature)

Address :

Place:

Date :

ACKNOWLEDGEMENT

Received from Shri/Smt. /Kum _____

Application for commutation of Pension subject to Medical Examination.

Branch Manager/Departmental Head

Branch/Dept. _____

Place:

Date :