

**FILE AFTER ME**  
(ACTION TO BE TAKEN)

**General**

1. Even though death is inevitable, our families and we are least prepared for such an eventuality. In most cases the Widow/Next of Kin do not know what should be done to get their dues and continue to avail of benefits. Officers are advised to maintain a file on 'FILE AFTER ME' with details duly filled in and explained to the Next of Kin, so that they can initiate correspondence to avail of the under mentioned entitlements:-
  - (a) Family pension
  - (b) Army Group Insurance Fund Benefits under extended insurance scheme (if applicable).
  - (c) Army Officers Benevolent Fund, Financial Assistance.
  - (d) Continuance of Canteen/Ration facilities
  - (e) Benefits (if any) of Personal Accident policies issued with Medical Claim Policies, Car Insurance Policies, Household Insurance Policies, Credit Cards, etc.

**ACTION IN CASE OF DEATH: EX OFFICERS**

2. **Death Certificates**

- (a) Please obtain atleast **25 to 30** or more copies of the death certificate from Municipal Authorities who maintain register of birth/deaths.
- (b) In addition The widow/next of kin should also get about 30 copies of their **photographs** duly attested from a gazetted officer.

3. **Intimation of Death** Death of an Officer is to be informed at the earliest to a large number of authorities as per suggested list given below:-

- (a) In the case of death due to an accident, lodge an FIR at the nearest Police Station at the earliest. This will be required for claims on Insurance Companies as well as for processing payment of compensation by the concerned authorities.
- (b) AG's Branch /MP5, AG's Branch/PS4, AG's Branch/CW8 (AOBF), and Army Gp Insurance (for extended life cover), Appendix 'A'
- (c) Intimate to the Bankers & CDA (P) alongwith details of Officers bank account jointly held in the name of the widow. Appendix 'B'

- (d) Directorate of the Regt/Corps concerned (coord section) Appendix C '
- (e) Station HQ for canteen/ration facilities, surrender of Identity Card of the deceased officer. Appendix D '
- (f) Various Clubs for change of name of the Head of Family, Appendix E '
- (g) Income Tax Authority for finalizing the Tax return of the deceased. Appendix F '
- (h) Bankers for encashment of FDR ₹ / Pension / Loans etc, Appendix G '
- (j) RTO for encashment of ownership of cars/scooter. Appendix H '
- (k) Licensing Authority of the Police for transfer of Private Fire Arms.
- (l) If proper **WILL** exists, approach court having jurisdiction for Probate of shares ; etc. This being a very important document.
- (m) Zila/Rajya Sainik Welfare Board for widow identity card.
- (n) Concerned post office for settlement of deposits in Saving Bank Account.

4. **Procedure for Claim of Benefits** Pension can be paid directly in view of Joint Account now permitted. Wherever same has not been done the same should be expedited.

- (a) **Ordinary Family Pension** The widow should open a Savings Bank Account in her single name if not already done preferably with the same Bank and branch from where her late husband was drawing his pension. The details of this Account Number are to be sent to CDA (P) in the letter as per the specimen above refers. Parents and brothers/sisters are not authorised ordinary family pension in case of officers who die as bachelor.
- (b) **Grant of Family Pension for Life to Handicapped Children**

A son or daughter of an officer, suffering from any disorder of disability of mind or physically crippled or disabled, which renders him/her unable to earn a living even after attaining the age of 25 years, is eligible for the grant of family pension to the handicapped child. Documentation towards same should be completed if NOT done so.

(c) Dependents Pension

Admissible in case of officers who die as a bachelor on account of causes attributable to service. The rate is 50% of the notional amount of special family pension that would have been sanctioned to the widow had the officer been married. Dependent parents and in their absence, dependent brothers/sisters are eligible for this pension.

(d) Army Group Insurance Fund Benefits

Incase the officer had opted, and was covered under the Extended Insurance Scheme, the amount will be paid by AGIF on submission of an application as mentioned in Para 1 (a) *ibid*. If you do not have it, get a duplicate one.

(e) Army Officers Benevolent Fund

No formal application is required. Widow/NOK has to intimate death of deceased officer to AG's Branch/CW; who after verifying the records / details will send an amount of Rs.50,000/- as Demise Grant. This will be based on the letter. Incase an amount of Rs.50000/- has already been received on attaining the age of 75 years, no grant is admissible and given by AG's Branch on death of the officer.

(f) Canteen/Ration Facilities

Widows of officers are entitled to avail of indigenous canteen items from less specially allocated/short supply items. For this purpose, the entitled individuals are attached to the nearest station/unit run canteen as convenient to Station HQ. Similar action is to be taken for drawl of rations, upto permissible scale, on payment from the nearest sub unit. Ration and Canteen Cards are prepared by the local Unit/Station HQ on the authority of PPO and Ex-Servicemen Identity Card.

(g) Legal Assistance

This is being provided to the wives of serving personnel and widows in consultation with Legal Department of Army HQ. Similar facilities are also available at Command Level.

(h) Benefits/Concessions Granted by Central/Staff Govts/Union Territories

Do go through latest instructions for Senior Citizens, Income Tax Department and Rajya Sainik Board instructions to avail the benefits. Some of them are enumerated below:-

- Rs.\_\_\_\_\_ (Rupees \_\_\_\_\_ thousand only) is given by the Station Head Quarters as demise grant to the NOK of the veteran.
  - Grant of Monetary Allowance attached with various post Independence Gallantry awards.
  - Air Travel concession by Air India / Indian Airlines to War Widows, Permanently War Disabled Ex-Servicemen and their families and Gallantry Award Winners.
  - Issue of Rail Travel Concession cards admissible to War Widows, and Indian Peace Keeping Force casualties in OP PAWAN.
  - Reservations for employment in various organizations.
  - Quotas in educational institutes for children of Ex-Servicemen.
  - Indigo & Spicejet gives concession on the Basic fare to the dependents also. Only a Identity Card towards the same is required.
5. In order to assist Widows/NOK in the rehabilitation process, a number of welfare schemes have been initiated at the State level. Financial assistance for various contingencies is also available. The benefits are available to the Widow/NOKs from respective State Govt & UTs, who can be approached through the nearest Zila Sainik Board. Detailed information, where required may be obtained from AG & Branch MP5 (b) of Kendriya Zila Sainik Boards.

### **Other Concessions**

6. (a) Gallantry Award Winners & Battle Casualties are exempted from paying Income Tax on their pension income.
- (b) Heart patients, alone or along with upto one escort are entitled to 75% concession on fare in any class when travelling by train for heart surgery in a recognized hospital and for return journey also. A certificate issued by officer in charge of a recognized hospital on a prescribed proforma is required to be obtained to avail this concession.

### **Concessions For Senior Citizens**

7. Senior citizens above the age of 65 and women have different tax slabs. For the Financial Year 2010-11, income upto Rs.2.4 Lacs for Senior Citizen & Rs.1.90 Lacs for Women is exempt for payment of Income Tax. Visit/Consult an IT Consultant for further queries.

From : Mrs \_\_\_\_\_ House No. \_\_\_\_\_  
W/o Late \_\_\_\_\_  
\_\_\_\_\_

To : AG ½ Branch/MP 5 (b)  
Army Headquarters  
West Block III  
R K Puram  
New Delhi 110 066  
Tel: (011-26195662)

Sub: **INTIMATION OF DEATH IN RESPECT OF IC**  
**RANK NAME**  
**REGT.**

Sir,

1. I regret to inform you that my husband Brig \_\_\_\_\_ expired on \_\_\_\_\_ due to illness. He was in receipt of retiring/revised retiring pension of Rs. \_\_\_\_\_ per month vide PPO No. \_\_\_\_\_  
CORR PPO No. \_\_\_\_\_.
2. Death Certificate to this effect issued by the Hospital / Municipality is enclosed herewith for your further necessary action please.

Yours faithfully,

Copy to:

1. AG ½ Branch / PS 4 (c )  
Army HQs, Sena Bhawan  
DHQ P.O  
New Delhi 110 011.  
Tel: 011-3375138
2. AG ½ Branch/CW-8 (AOBF)  
South Block  
Army Headquarters  
New Delhi 110 011

3. Parent Directorate Coord at AHQ  
Sena Bhawan  
New Delhi.
  
4. Army Group Insurance  
AGI Bhawan  
Rao Tula Ram Marg  
New Delhi 110 057.  
Tel: 011-26142793

The following documents are enclosed:

- (a) Death Certificate
- (b) Extended Insurance Certificate No.
- (c) My Bank Particulars are as follows:-
  - (i) SB A/c No. \_\_\_\_\_
  - (ii) Name of Bank: \_\_\_\_\_
  - (iii) Address of Bank : \_\_\_\_\_

It is requested that the amount of the sum insured may please be sent to my Bank A/c as mentioned above, under intimation to me.

To,

The CCDA (P)  
Allahabad.

**APPLICATION FORM FOR PENSION TO WIDOW OF OFFICERS**

**PART –I**

**PARTICULARS RELATING TO DECEASED OFFICER**

1. Surname \_\_\_\_\_ First Name \_\_\_\_\_  
(Block Letters)
2. (a) Unit/Corps/Ship \_\_\_\_\_ (b) Rank \_\_\_\_\_  
(c) Date of Birth \_\_\_\_\_ (d) Place of Birth \_\_\_\_\_
3. To be answered only if death occurred after termination of service.  
(a) Date of Death \_\_\_\_\_ (b) Place of Death \_\_\_\_\_

**PART –II**

**PARTICULARS OF APPLICANT**

4. Surname \_\_\_\_\_ First Name \_\_\_\_\_  
(Block Letters)
5. Address in Full \_\_\_\_\_
6. (a) Date of Birth \_\_\_\_\_ (b) Date \_\_\_\_\_
7. Were you living apart from your husband at the time of his death for any reason other than his employment with the forces? If 'yes' attach a statement of circumstances.

8. (a) Particulars of children of the deceased officers under 18 years of age (see note overleaf) in respect of whom allowances claimed.

**BIRTH CERTIFICATE TO BE ATTACHED IF AVAILABLE**

Full name (Full name of each Child & Sex)	Sex	Date & Place	Present Address (if different from your own, state reasons)

- (b) Are all the children maintained by you \_\_\_\_\_
- (c) Nationality \_\_\_\_\_
- (d) State/Province, you belong \_\_\_\_\_

Note: Para 7 & 8 where applicable.



From: Mrs \_\_\_\_\_  
W/o (Rank) \_\_\_\_\_

Date \_\_\_\_\_

To,  
  
The Branch Manager  
\_\_\_\_\_ Bank  
\_\_\_\_\_

**Subject : PAYMENT OF FAMILY PENSION IN RESPECT OF WIDOW**

PPO No. \_\_\_\_\_ CORR PPO NO. \_\_\_\_\_  
Joint SB A/c No. \_\_\_\_\_ at Bank

Sir,

1. I regret to inform you that my husband \_\_\_\_\_ expired on \_\_\_\_\_. Death Certificate to this effect issued by the Hospital / Municipality is enclosed for your further action.
2. My late husband was in receipt of revised retiring pension Rs. \_\_\_\_\_ vide PPO No. \_\_\_\_\_ CORR PPO No. \_\_\_\_\_. In addition he was in receipt of Dearness Pension and Dearness Relief. These were being paid by your Bank branch through Joint Saving A/c No. \_\_\_\_\_.
3. My name is included in the above PPO for payment of family pension. I am also a joint holder of the above Joint Saving A/c with your Bank.
4. In view of the demise of my husband, it is requested that his pensionary payments be discontinued with effect from date of death i.e. \_\_\_\_\_. My family pension of \_\_\_\_\_ may please be credit to the same Joint Saving Account No. \_\_\_\_\_ w.e.f. \_\_\_\_\_.

Thanking you,

Yours faithfully,  
\_\_\_\_\_

Copy to:-

1. CCDA (P)..... for information and necessary action.  
Draupdighat  
Allahabad –21104  
U.P. (Tel: 0532-623849)
  
2. Adjutant General § ..... for information and necessary action.  
Branch/MP 5 (b)  
Army Headquarters  
West Block –III,  
R K Puram  
New Delhi 110 066  
Tel: 011-26195662

Appendix C'

MRS

R/O \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

To,

The Director General  
Directorate General of \_\_\_\_\_  
Army Headquarters  
Sena Bhawan  
New Delhi.

Reporting of Death ; IC \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_

Sir,

1. It is to intimate that my husband, IC \_\_\_\_\_ Rank \_\_\_\_\_ expired on \_\_\_\_\_ after having lived the life to the fullest (Copy of Death Certificate is enclosed).
2. His Regimental \_\_\_\_\_ Association Number is \_\_\_\_\_. It is to request that all correspondence as being sent hither-to-fore be sent to me, and I would love to be associated with Regiment Corps in the future too.
3. Financial assistance from Regimental \_\_\_\_\_ Association be sent on the above address.

Warm Regards,

Yours faithfully,

Lt Gen \_\_\_\_\_  
Director General of \_\_\_\_\_  
Sena Bhawan, AHQ  
New Delhi 110 011.

Appendix D'

MRS

\_\_\_\_\_  
NEW DELHI

Date: \_\_\_\_\_

To,

The Adm Comdt  
Stn HQ  
Delhi Cantt.

**Surrender of Identity Card Retired Personnel**

**IC** \_\_\_\_\_ **Rank** \_\_\_\_\_ **Name** \_\_\_\_\_

Sir,

1. It is to inform about the sad demise of my husband, IC \_\_\_\_\_, Rank \_\_\_\_\_ (Retd) Name \_\_\_\_\_ on \_\_\_\_\_ dated \_\_\_\_\_ (Death Certificate enclosed).

2. Please find enclosed his Identity Card No. \_\_\_\_\_ issued on \_\_\_\_\_. It is requested that I be issued a dependent card.

Yours faithfully,

Mrs

Appendix E'

MRS

\_\_\_\_\_  
NEW DELHI

Date: \_\_\_\_\_

To,

The Secretary  
DSOI  
Dhaura Kuan  
New Delhi.

**Surrender of Membership Card**

IC \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_

Sir,

1. It is to inform about the sad demise of my husband Rank \_\_\_\_\_ (Retd) \_\_\_\_\_ on dated \_\_\_\_\_ (Death Certificate enclosed).

2. His membership No. \_\_\_\_\_ may please be terminated and security be refunded to the undersigned on the ibid address or his membership be transferred on my name being the NOK. Details of Dependants are :-

- (a)
- (b)
- (c)
- (d)

Yours faithfully,

Mrs

(Note: Similar Letter to all the Clubs, wherever he was a Member).

Appendix F'

MRS

Address\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

To,

The Income Tax Commissioner  
Noida Zone  
Sector 20  
Noida.  
(U.P)

**Finalisation of Income Tax Return**

Dear Sir,

1. It is to inform about the sad demise of my husband Maj Gen (Retd) \_\_\_\_\_ on \_\_\_\_\_ dated \_\_\_\_\_ (Death Certificate enclosed).
2. His PAN No. \_\_\_\_\_& his Income Tax Return for the Assessment Year \_\_\_\_\_ was filed on \_\_\_\_\_ (date). Same may please be finalized and refund given at the ibid address.
3. My PAN No. is \_\_\_\_\_.

Mrs \_\_\_\_\_

**Note:** PAN Card is also required for ladies even though they may not be working or do not fall in the Income Tax Bracket for Women.

Appendix H'

MRS

Address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

To,  
RTO  
Sector 33  
Noida.  
(U.P)

**Transfer of Ownership Car**

Sir,

1. It is to inform about the sad demise of my husband Name \_\_\_\_\_  
Rank \_\_\_\_\_ (Retd) \_\_\_\_\_ on \_\_\_\_\_ dated \_\_\_\_\_  
(Death Certificate enclosed).

2. It is to request ownership Car Reg No. \_\_\_\_\_ be transferred on the name  
of undersigned being the NOK. Original Registration Book/Certificate is enclosed for  
your necessary action please.

Thanking you,

Yours faithfully,

Mrs

MRS

Address : \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

To,

The Branch Manager  
\_\_\_\_\_ Bank

\_\_\_\_\_  
\_\_\_\_\_

**Final Settlement of Account No.**

Sir,

1. I & my Late Husband, Rank \_\_\_\_\_(Retd) \_\_\_\_\_ have a joint account, A/c No. \_\_\_\_\_ with your Bank. It is to request following FDRs held jointly be encashed & loans taken against it be adjusted. Following FDRs are held \_\_\_\_\_ with your Branch.

(a)

(b)

Thanking you,

Yours faithfully,

Mrs



## LAST WILL AND TESTAMENT

1. I, the undersigned \_\_\_\_\_ S/o \_\_\_\_\_ born on \_\_\_\_\_ residing at \_\_\_\_\_, am making this Will on \_\_\_\_\_.

2. As on date I am not suffering from any disease. I am in full control of my faculties. Dr ----- will certify to this effect. I am not making this WILL under any threat or duress. I am making this Will to ensure that after my death my properties are disposed off as per my wishes.

3. A detailed list of all my belongings is below. In due course of time this list may undergo some changes. These entire belongings have been acquired or accumulated as a result of my salaries & investments, etc. and I am free to dispose off the same as per my wishes. In my family. My Spouse is dependant on me. Other members of my family who are not dependent on me include the following:-

	Name	Relationship	Age & Date of Birth
(a)	Dependant		
(b)	Not Dependant		

4. **Immovable Property**

On my death the property as under will be inherited by my husband

(a) House at \_\_\_\_\_ of which I am presently \_\_\_\_\_ Holder.

5. (a) In the event of my spouse pre-deceasing me the properties at para 4 above shall be inherited by my son /daughter \_\_\_\_\_.

(b) In the event of inheritance/acquisition of any other property in the future it will go to my \_\_\_\_\_. In the event of his predeceasing me, it will be divided equally between the \_\_\_\_\_.

6. **Movable Property**

(a) Jewellery – as in my locker at \_\_\_\_\_ to be shared equally by my \_\_\_\_\_ viz, \_\_\_\_\_

(b) FD & Cash Balances in my Saving Account No. \_\_\_\_\_ at \_\_\_\_\_ to my \_\_\_\_\_ in the event of my \_\_\_\_\_ predeceasing me, it will be equally shared between \_\_\_\_\_.

7. I am appointing \_\_\_\_\_ (Mob: \_\_\_\_\_), \_\_\_\_\_ Advocate, as the Executor cum Arbitrator of this Will. He will be extended a sum of Rs.50,000/- (Rupees Fifty Thousand only) out of my cash assets, in advance, for efforts and expenses in connection with peaceful transition of title of properties. This Will shall be considered as the authority letter for effecting all transfers envisaged in this document by the Executor cum Arbitrator.

8. On my death no religious ceremonies should be insisted upon. As far as possible my body should be cremated in an electric crematorium.

Place : \_\_\_\_\_

Signature .....

Date : \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_

**Witness 1**

I, \_\_\_\_\_ R/o of \_\_\_\_\_ (Mob. \_\_\_\_\_ ).  
I certify that I have signed this document in presence of \_\_\_\_\_ who has made this Will.

Signature:..... Date: \_\_\_\_\_ Place: \_\_\_\_\_

**Witness 2**

I, \_\_\_\_\_ (Mob. No. \_\_\_\_\_ ) I  
certify that I have signed this document in presence of \_\_\_\_\_ who has made this Will.

Signature:..... Date: \_\_\_\_\_ Place: \_\_\_\_\_

**Doctor's Certificate**

I, Dr \_\_\_\_\_, R/o \_\_\_\_\_ have examined  
\_\_\_\_\_ today.

I certify that he has signed this Will in my presence, when he was in full control of his mental faculties and in full control of his senses.

Signature..... Date: \_\_\_\_\_ Place: \_\_\_\_\_