

REQUIRED DOCUMENTS FOR MATURITY OF LIC POLICY

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| > | Common Application Form |
| > | NEFT Form |
| > | Original Policy |
| > | Copy of PAN Card - Self Attested |
| > | One Original Cancelled Cheque with Name Printed on Cheque OR 1st Page of Passbook |
| > | Signs near X marks on Revenue Stamp on Discharge Voucher & NEFT Form – Total 3 Signs |



Branch Address

To,
Chief/Sr/Branch Manager
Branch Code _____

Date :

Re : - Policy number/s:- _____ Name of Life assured : _____

With reference to above policy/ies, I/we request you to do the following as per marked item : -

- 1) **Register / update my contact details** as follows. I also agree for receiving the SMS on the given mobile number for different policy servicing functions
i. Mobile number of policyholder only : **without prefix of 91 or 0**

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Land line number with STD code

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ii. E- Mail id _____ III) Pin code _____

- 2) **Note my new address** in you books as per enclosed proof of residence

Name : _____

Address : _____

_____ **Pin Code** _____

- 3) Register my Bank details for policy payment through NEFT as per enclosed mandate (with blank cheque leaf or bank pass book)
- 4) Register my PAN card number and Aadhar card number in your record (attested copy enclosed)
- 5) Change the mode of premium payment from to (if under ECS mode, attach the mandate duly countersigned by Bank) (if conversion is under SSS, then authority letters in triplicate)
- 6) Register nomination / change of nomination / Assignment / re-assignment in your book. Enclosed notice and required forms with policy document.
- 7) Transfer my policy record from your Branch to the Branch name/ code under Division for future servicing.
- 8) Issue me premium paid certificate for the financial year ending
- 9) Issue me duplicate policy bond.
- 10) Allow the alteration under above policy as 1) change in plan / term / premium paying term 2) Reduction in sum assured 3) others to be specified
- 11) Grant me Accident benefit under above policy. Enclosed DGH and policy document, endorsement fee.
- 12) Revive my policy under 1) special revival scheme 2) SB-cum-revival 3) loan-cum-revival 4) Instalment revival.
- 13) Issue me quotations for loan/ surrender / for submission to
- 14) Register 'Switch over of fund' under above ULIP policy from fund to fund
- 15) Other request

Yours faithfully,

(X)

(Signature of policyholder)



LIC

भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

VADODARA DIVISION

_____ BRANCH

Discharge Form

Discharge of Death/Maturity/Survival Benefit claim under Policy No. _____

on the Life of Shri/Smt. _____

I/We _____ the Life Assured / Assignee (S) by virtue of the assignment date _____ do Hereby acknowledge receipt from the Life Insurance Corporation of India of the Sum of Rupees (in words) _____ including the amount of Bonus, in full and final satisfaction and discharge of all my/our claims and demands under the above mentioned Policy which matured on _____ and which Policy is hereby delivered upto the said Corporation to be cancelled.

Sum Assured / Paid-up Value	Rs. _____	Less: Unpaid instalments of premiums due	Rs. _____
Bonus allotted	Rs. _____	Late fee thereon	Rs. _____
Interim bonus	Rs. _____	A.N.F. Debt	Rs. _____
Other payment	Rs. _____	Loan	Rs. _____
Other payment	Rs. _____	Interest on loan	Rs. _____
Refund of extra premiums for Sex.	Rs. _____	Other Recovery	Rs. _____
DAB & EPDB and Occupation	Rs. _____	Other Recovery	Rs. _____
Gross Claim Amount	Rs. _____	Net claim amount	Rs. _____

Dated at _____ this day of _____ 20 _____

Signed by Shri/Smt. + _____

In the presence of * _____

Signature of witness _____

Full Name _____

Designation _____

Address _____



(Signature(s) of the Claimant(s) in full)

NOTE : (1) This discharge form must be signed by the Life Assured and witnessed by a credible person who is conversant with the language of this form and knows the life assured. (2) If more than one person have signed the Discharge Form, the name of all the persons should be stated. (3) "In case the claimant affixes thumb impression or if this form is signed by more than one person and payment is desired to be made to only one of them as per the following Note of Authority completed and by all of them, the thumb impression or the signatures on the letter of authority must be attested by an Agent of the Corpn., (who is a member of the club at the level of Divisional Manager's club and above), a Block Development Officer, a Gazetted Officer, a Magistrate, or an officer or Development Officer (with at least 3 years service as Development Officer) of L.I.C. or a Bank Manager of a Branch of State Bank of India or of one of the nationalised banks (Provided the attesting Bank Manager signs after affixing an official rubber stamp giving his name and designation as also the name and address of the Bank where he is working) or the Principal/Head Master of a local High School or Higher Secondary School run by the Government. Where thumb marks are affixed, the attesting official must make the following declaration under his signature :

"Shri/Smt _____ Son/daughter of Shri _____ and wife/widow of Shri _____ has affixed his/her thumb marks in my presence after understanding the contents thereof."

Place _____ Date _____

We hereby authorise and request the L.I.C. of India to pay the within mentioned amount of Rs. _____ to

Shri/Smt. _____ Signed by the parties within mentioned in the presence of :-

Witness _____ (1) _____

Signature _____ (2) _____

Full Name _____ (3) _____

Designation _____ (3) _____

Address _____

I certify that the contents of this Note of Authority were explained by me to Shri/Smt. _____ and he/she/they have agreed to payment being made to Shri/Smt. _____ the authorised party.

(Signature of the Witness)