

LIFE INSURANCE CORPORATION OF INDIA
(Established by the Life Insurance Corporation Act, 1956)

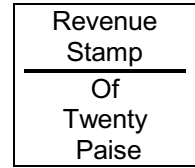
..... Zone Divisional/Unit Office Branch
 Discharge of Matured policy No
 Dated On the Life of Shri/Smt
 I/We

.....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. |
| Bonus allotted | Rs. |
| Interim bonus | Rs. |
| Difference of premiums on account of over Statement of age | Rs. |
| Refund of extra premiums for Sex, DAB & EPDB and Occupation | Rs. |
| Gross claim amount | Rs. |
| Less: Unpaid installments of premiums due | Rs. |
| Late fee thereon | Rs. |
| A.N.F. Debt | Rs. |
| Loan | Rs. |
| Interest on loan | Rs. |
| Amount recoverable on account of understatement of age | Rs. |
| Net claim amount | Rs. |

Dated at this day of 19

Signed by Shri/Smt. +



In the Presence of *

Signature of witness

Full Name

(Signature(s) of the

Designation

Claimant(s) in Full)

Address

.....

NOTE : (1) Payment will be made by a crossed and order cheque. If payment is desired by M.O. or a demand draft, it can be made at the claimant's cost and at his /her risk and responsibility, on his/her signing the following note of request.

I/We hereby request the Corporation to pay the aforesaid amount by M.O./Demand Draft on the Bank, at my/our risk and responsibility. I/We further agree to M.O. Commission/Bank charges being deducted from the claim amount.

(Signature of the Claimants)

*(2) 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.

+(3) If more than one person have signed the Discharge Form, the name of all the persons should be stated.

(4) "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 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 year's 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 nationalized 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.”

(5) Since our records do not that the final premium due on under the policy has been paid,
we have proceeded on the assumption that it remains unpaid and have Calculated the claim amount on
that basis. If, however, the said premium has been already paid the amount on that basis. If, however, the
said premium has been already paid the amount thereof will be refunded along with the claim, amount.
TO enable us to trace the payment of premium if already made, please inform us the name of the office or
bank where it was paid and the date and number of the deposit receipt issued therefore. If the policy us
under salary savings scheme and premiums shown as unpaid in this discharge are already deducted,
please obtain and forward a certificate from the Employers giving particulars of the payment.

Place Date

We hereby authorize 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: -

- (1)
- (2)
- (3)

(Signature in full)

Witness:

Signature:

Full Name:

Designation:

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)