DISCHARGE OF -

(1) BALANCE IN MATURED VESTA POLICY/BLACK-OUTSTANDING BENEFIT INVESTMENT OF THE Maturity of the Policy.

* CASH OPTION UNDER C.D.A. POLICY

(2) The insurer shall pay the sum due under the Policy after deducting the amount of any sum previously paid or payable under the Policy.

* MATURITY PROCEEDS UNDER TRIPLE BENEFIT POLICY.

(3) The policyholder has paid all the premiums due under the Policy and has fulfilled all the conditions specified in the Policy.

* ANTICIPATED INSTALMENT UNDER ANTICIPATED ENDOWMENT POLICY, MONEY BACK POLICY CASH & COVER POLICY & ANTICIPATED WHOLE LIFE POLICY.

(4) The policyholder has paid all the premiums due under the Policy and has fulfilled all the conditions specified in the Policy.

Return of 50% Premiums under Children's Anticipated Policy.

the Proposer / Life Assured do hereby acknowledge receipt from the Life Insurance Corporation of India the sum of Rupees __________ in full satisfaction of all my claims and demands in respect of the following payment under the above Policy in terms of the Policy contract, for which the Policy is hereby delivered for Cancellation/Endorsement.

(1) The policyholder requests the Insurer to make the following payment:

Cash Option which fell due for payment on ____________________________ under the above Children's Deferred Assurance Policy.

(2) The policyholder requests the Insurer to make the following payment:

Sum Assured which fell due for payment on the date of maturity, viz. ____________________________ under the above Guaranteed Triple Benefit Policy.

(3) The policyholder requests the Insurer to make the following payment:


(P.T.O.)
दरील बाल अपेक्षित पौरुष लड़की खाती विवरणित तििांकपार्श्व भरलेखा हद्दयाया (ज्यादा हटे सोहोटू) 50 तक हद्दयाया परतासा।
उपुसुसज्ज बाल प्रत्यादर्शिि लड़की पर 50 प्रतिशत प्रतिप्रज्ञम अतिरिक्त प्रतिप्रज्ञम को छोड़कर जिसका शुभतानु हत्ययोगति तंत्र तक
किि है और सुभवन हटे
के समय भी/भीमही द्वारा हस्ताक्षरित अदविरस्मा-केवल आदाता खाता चेक

Return of 50% of Premiums excluding extra Premiums, paid till the Deferred Date, which fell due for payment on _______ under the above Children's Anticipated Policy.

देय राशि/देय राशि Amount Payable रू. रु.

का/घटके/Less न भरतले हटे / अन्य ग्राम्य
Unpaid Premium

हद्दयाया/सयान बाल / प्रति प्रति प्रति
Interest on Premium

पौरुषलिे वर्गीकरण पर व्रज
Policy Loan

पौरुषलिे वर्गीकरण पर व्रज
Interest thereon

अन्य कायम / अन्य कार्यों
Other deductions

नेट समय सरकार सहि/शुद्ध देय राशि

रू. रु.

लाभ नाही हे ती कोहा
(जो तीन लाभ नही काट दे)

* Strike Out which are not applicable.

मे/आपने ढाेव घरों घटके करती की दरील पौरुषलिे संदर्भत दरील पौरुषलिे ज्यादा/नीचा राशि/देय तथा आयुर्मोर्चा महानांडज्ञािे किवा दिशा अपरोक्षके नोंदस्त्रा गेलेहा समर्थनन्दके द्वारा पुरुसकारदेतीनायुर्मोर्चा महानांडज्ञािे नीचा राशि/देय अतिार्थिक नाही किवा दि।

मे/हम एत्तुदाना ढाेव घरों घटके करता हूँ/करते है मे/हमे उपेक्षा पौरुषलिे/पौरुषलिेके संबंध में भारतीय जीवन भीमा निजिम के किसी कार्यत्व को अभावण या पुरुसकारवान को कोई देय नही दी है, सिवाय उसके, यदि कोई, जो जीवन भीमा निवेश अन्य उपेक्षा पौरुषलिे/पौरुषलिे निवेश को जीवन भीमा निवेश के कार्यत्व को देय विधीमान हितासा/परिपक्वता देय के शुभतानु के पूरा उत्तर निवेश के कार्यत्व को अभावण या पुरुसकारवान को कोई देय नहीं दिया/देगी।

I/We hereby declare that I/We have not served on any notice of the Office of the Life Insurance Corporation of India any notice of assignment or reassignment in respect of the above POLICY/IES except those, if any, already registered by the Life Insurance Corporation of India or the Insurer who issued the above POLICY/IES nor shall I/We serve on any office of the said Corporation any notice of assignment or reassignment before payment of the survival benefit/Maturity claim under the policy due on

मे/आपने पौरुषलिेबाबत अन्य कोणताही यथराह केलेहा नाही.
मे/हमे पौरुषलिे को किसी अन्य रूप में उपेक्षा नही किया है।

I/We have not dealt with policy in any other way.

दिनांक/दिनांक तथ्या Dated at ___________ दिनांक this ___________ महिनाम/माह day of _______ 20

Signed by Shri/Smt. ___________

in the presence of ___________

साक्षीदार स्वाक्षरी/साक्षी हस्ताक्षर/Signature : ___________

WITNESS

पूर्ण नाम/पूरा नाम/Full Name : ___________

पद/पद/Designation: ___________

पता/पता/Address: ___________

सूचना/टिप्पणी/Note:

(1) देयक अ-हस्ताक्षरीय आदाता खाते चेकने (महानांडज्ञािे बीमारिवर्ग) दिले जािलां। कोणताही बीमारिवर्ग प्रदानाच व्रज देयक वाचात आणि पौरुषलिे रामदेवजुन बीमा आकार/म. आकार केला जािल असे खातीप्रमाणे मान्यता पह आदाताले दिशाप्रद हिमांड्राण / मनी आकाराचे आदाताला रक्षक मिली जािलां।

.. 2 ..
Payment will be made by Not negotiable - Account Payee Cheque on the Corporation's Bankers Payment by Demand Draft on any Bank or M.O. can be made only if the payee/s gives/s a consent letter on the following lines that the payment by Demand Draft or M.O. be made to him/her them at his/her their risk and responsibility and also agree/s to the bank/money made to him/her at his/her their risk and responsibility and also agree to the bank/money order charges being deducted from the Policy moneys.

I hereby request the Life Insurance Corporation of India to make payment of the aforesaid amount by a demand Draft/M.O. on the ______________________ Bank ______________________ at my/our risk and responsibility. I further agree to the Bank Charges / M.O. charges being deducted from the Policy moneys.

(1) ______________________
(2) ______________________

Signature/s of the Assured/claimants/s

(3) Signature in Indian languages must have the English transactions written beneath.

(4) ____________________________________________________________________________

_ ____________________________________________________________________________

_P.T.O._
Illiterate person who affix their thumb impression must have it identified by & attested by an agent of the Corporation who is member of the club at the level of Divisional Manager's club and above, a Block Development Officer, a Gazetted Officer, Magistrate or an Officer or Development Officer with atleast 3 years standing or a confirmed Development Officer recruited from the agents who were D.M./B.M. club members before joining or a Bank Manger of the branches 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. The attesting official must make the following declaration under his signature.

Shri/Smt.
S/o - D/o
Wife of/Widow of Shri

has affixed his/her thumb marks in my presence after understanding the contents thereof.

शब्दों में: हूँ प्रमाणबाध तकनीकी विवाद उदभववाद जंक्शनी भाषातील संकरणाचा आहे घरले जाईल.
टिप: इस प्रप्त्र की कानूनी व्याख्या के लिए अंग्रेज़ी पाठ ही अतिरिक्त माना जाएगा।
Note: In case of dispute in respect of interpretation of terms the English version shall stand valid.

प्रप्त्र क्र. 5180 (मुं.म.का.)
F. No. 5180 (M.D.O.)
Plato 10000 /10-2014