



Divisional Office _____

Branch Office _____

DISCHARGE FOR DEATH CLAIM UNDER POLICY NO. _____

Dated _____ On the life of Shri/Smt _____

I/We _____ the nominee(s)/assignee(s)/legal representatives of the above named life assured by virtue of the nomination/assignment/legal evidence of title dated _____ granted to me/us by the _____ 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 including the amount of Bonus, in full and final satisfaction and discharge of all my/our claims and demands under the above mentioned Policy on the life of the above mentioned person, who died on _____ and which policy is hereby delivered upto the said Corporation to be cancelled :

Sum Assured/Paid-up Value	Rs
Bonus Allotted/ Loyalty Additions	Rs
Interm Bonus	Rs
Final Additional Bonus	Rs
Difference of premium on account of overstatement of age	Rs
Refund of extra premium for Sex, DAB, EPDB and Occupation	Rs
Gross Claim Amount	Rs

Less

Unpaid instalments of premium due in the Policy year of death	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 Rs
Others	Rs Rs
Total Deductions	Rs Rs

NET CLAIM AMOUNT Rs _____

Dated at _____ this _____ day of _____

1 Re.
Revenue
Stamp

Signed By Shri /Smt
in the presence of *

Signature of witness
Full Name
Designation
Address

Signature of claimant/s
Father's Name
Husbands Name
Address

Notes :

- (1) Payment will be made by a crossed and order cheque, if payment is desired by M.O (Net upto Rs. 1000/- only) 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 own risk and responsibility. I/We further agree to the M.O. Commission/Bank Charges being deducted from the claim amount

(Signature of Claimant/s)

- (2) This form must be completed before (1) an advocate, (2) an Agent of the Corporation (who is a member of an Agents club at the level of Divisional Manager's club or above), (3) a Bank Manager, (4) a Block Development Officer, (5) a Commissioner of Oaths, (6) a Doctor, (7) a Gazetted Officer, (8) a Head Master of a High School, (9) a Head Post Master or Departmental Sub-Post Master but not a Branch Post Master, (10) a Magistrate, (11) An Officer or Development Officer of atleast 3 years standing (12) A confirmed Development Officer recruited from the Agents, who were DM or BM Club Members before joining (13) A Development Officer recruited from agents who were ZM or Chairman's club members before joining (14) President of a Village Panchayat or Local Body.
- (3) If more than one person have signed the Discharge Form, the names of all the persons should be stated.
- (4) A female when signing, must add her father's as well as her husband's name after her own, describing herself as a daughter of Shri _____ and wife/widow of shri _____
- (5) "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 Corporation (who is a member of the club at the level of Divisional Manager's club and above), a Block Development Officer, a Magistrate, or an Officer or Development Officer (with at least 3 years' service as Development Officer) of LIC or a Bank Manager of Branch of State Bank of India or of one of the nationalized banks (provided the attesting Branch 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 Government. Where thumb marks are affixed, the attesting official must make the following signature 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 authorize and request the Life Insurance Corporation of India to pay the within
mentioned amount of Rs. _____ to Shri/Smt _____

Signed by the parties within mentioned in the _____ (1)
presence of :-

(2)

Witness
Signature

(3)

(Signature in Full)

Full Name :
Designation :
Address :

Shri/Smt
to Shri/Smt

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

(Signature of Witness)