



Discharge of Matured Policy No. \_\_\_\_\_ Due On \_\_\_\_\_ the Life of Shri / Smt.  
\_\_\_\_\_ Serv.Branch \_\_\_\_\_

I / We \_\_\_\_\_ The Life Assured / Assignee by Virtue of the Assignment  
Dated \_\_\_\_\_ do hereby acknowledge receipt from the Life Insurance Corporation Of India, the sum of Rs. \_\_\_\_\_  
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 up to the said Corporation for  
Cancellation / Endorsement.

I / We hereby declare that I / We have not served on any office of the LIC Of India any notice of Assignment or Reassignment  
in respect of the above policy/ies except those, if any already registered by the LIC 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 SB / Maturity Claim under the Policy due on \_\_\_\_\_. I / We have not dealt with the policy in any other  
way.

Sum Assured / Paid Up Value	Rs. _____
Vested Bonus allotted	Rs. _____
Interim Bonus	Rs. _____
Terminal Bonus	Rs. _____
Final Addl. Bonus	Rs. _____
<b>Gross Claim Amount</b>	<b>Rs. _____</b>

Less :	
Unpaid Instl.of Premiums due	Rs. _____
Late Fees thereon	Rs. _____
Dis./Commutated Interest	Rs. _____
Loan	Rs. _____
Interest	Rs. _____
Total Deductions	Rs. _____
<b>Net Claim Amount</b>	<b>Rs. _____</b>

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 .

Witness Sign : \_\_\_\_\_ Policyholder / Life Assured Sign : \_\_\_\_\_ Rs.1/-  
Rev.Stamp.

Name : _____	Name : _____
Address : _____	Present Address : _____
Mobile : _____	Pin _____

----- NEFT FORM FOR CREDIT OF THE ABOVE AMOUNT BY NEFT -----

POLICY NOS : 01) \_\_\_\_\_ 02) \_\_\_\_\_ 03) \_\_\_\_\_

Name of Policyholder/ Claimant : \_\_\_\_\_

Bank Name : \_\_\_\_\_ Bank Address : \_\_\_\_\_

Bank Account No.: \_\_\_\_\_ Account Type: (SB/CURR) \_\_\_\_\_

IFSC No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email : \_\_\_\_\_

PAN No : \_\_\_\_\_

Att: Cancelled Cheque Leaf ( With Bank Account Holder Name Printed ) and / Or Passbook First Page Copy  
\* Driving licence/ Electricity Bill/ Passport & PAN Card Xerox Compulsory.

\_\_\_\_\_  
(Signature of the Policyholder)