LIFE INSURANCE CORPORATION OF INDIA

(Established by the Life Insurance Corporation Act, 1956)

		Zor	ne			Divisional/Unit Office	
Dated	Discharge of Matured I	Policy N Or	o the Life	of Shri	/Smt		
	I/We						
Life As Hereby (in wor Bonus above	sured/Assignee(s) by vir acknowledge receipt frods)	t ue of tom the long	he assig _ife Insu discharg d on	gnment rance C ge of all	date orporation my/our	the Do Do of India of the sum of Rupees Including the amount of claims and demands under the and which celled.	
	Sum Assured Paid-up	Rs					
	Bonus alloted	Rs					
	Interim bonus	Rs					
	Difference of premiums on account of over						
	Statement of age	Rs					
	Refund of extra premiu EPDB and Occupation	Rs					
		Gross	claim a	mount		Rs	
Less:	Unpaid instalments of premiums due					Rs	
	Late fee thereon					Rs	
	A.N.F. Debt					Rs	
	Loan					Rs	
	Interest on loan					Rs	
	Amount recoverable on account of understate						
	Ment of age					Rs	
		Net claim amount				Rs	
Dated at		this day of				19	

Signed	by	Shri/Smt.	+

	Stamp Of	
In the presence of *	twenty Paise	
Signature of witness		
Full Name(3	Signature(s) o	f the
Designation C	Claimants(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 dragt, 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.

(Signatures of the Claimants)

Revenue

- *(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 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	"Shri/Smt						
(5)	Since our records do not show 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 thereof will be refunded alongwith 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 is 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	e	Date					
	We hereby authorise and request the L.I.C of India to						
	(1)						
	(2)						
	(3)						
		(Signature in full)					
Witnes	ess:						
Signat	ature:						
Full Na	Name:						
Desigr	gnation:						
Addres	ess:						
and he	I certify that the contents of this Note of Authority we ne/she/they have agreed to payment being made to Shri						

(Signature of the Witness)