Form No. 3825

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 virt ue 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 alloted	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 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. +

Revenue Stamp Of twenty Paise

In the presence of * …….

Signature of witness ……..

Full Name ……. (Signature(s) of the

Designation ……. 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.

I/We hereby request the Corporation to pay the aforesaid amount by M.O./Demand Dragt 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.

(Signatures 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 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/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 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 ……. Date ……

We hereby authorise 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)