भारतीय जीवन बीमा निगम
Life Insurance Corporation of India

FORM NO 5180

Divisional Office

Branch Office

DISCHARGE OF –

(1) * CASH OPTION UNDER C.D.A. POLICY

(2) * MATURITY PROCEEDS UNDER TRIPLE BENEFIT POLICY.

(3) *ANTICIPATED INSTALMENT UNDER ANTICIPATED ENDOWMENT POLICY, MONEY BACK POLICY, CASH & COVER POLICY & ANTICIPATED WHOLELIFE POLICY.

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

Policy No on the life of I 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) Cash Option which fell due for payment on under the above Children's Deferred Assurance Policy.

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

(3) Anticipated instalment which fell due for payment on under the above Anticipated Endowment Assurance Policy/Money back Policy/Cash & Cover policy/Anticipated whole life Policy.

	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.	
	Amount Payable	Rs. 0.00
Less	Unpaid Premium	Rs. 0.00
	Interest on Premium	Rs. 0.00
	Policy Loan	Rs. 0.00
	Interest thereon	Rs. 0.00
	Other deductions	Rs. 0.00
	Net amount payable Rs. 0.00	

*Strike Out the three which are not applicable

I/We hereby declare that I/We have not served on any 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 . I/We have not dealt with policy in any other way.

Dated at this day of .

Signed by Shri/Smt. _____ in the presence of

WITNESS

Signature :

Full Name :

Designation :

Address :

Re.1 Revenue Stamp

Signature in full/short
in English/in Vernacular

Present address on which cheque is to be sent

Note:-

Payment will be made ny 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 give/s a consent letter on the following lines that the payment by Demand Draft or by 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/them at his/her/their risk and responsibility and also agree/s to the bank/money order charges being deducted from the Policy moneys.

Place Date

I/We 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/We further agree to the Bank Charges/M.O charges being deducted from the Policy moneys.

(1) (2)

Signature/s of the Assured/claimants/s

(2) This discharge must be signed by the proposer/Life Assured and witnessed in English by any English Knowing person provide he knows the Life Assured.

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

(4) 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 Manager of the branches of STATE BANK OF INDIA or of one of the nationalised Banks. (Provided the atteasting 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.

Signature of the attesting official seal of the Office