

GHAZIABAD- C.B.O.-2
L.I.C OF INDIA,BO-II
408/2 MODEL TOWN,G.T.ROAD
P.B.No.135, GHAZIABAD.

UP
Phone: 0120 - 0120271060, 0120275439, 0120270369

REF: 25H /CLAIMS/MATURITY BENEFIT

Date: 13/01/2020

KIRTI VERMA
YOGENDRA KUMAR VERMA (P) **66**
S-H-12 SHASTRI NAGAR
GHAZIABAD

201001

Re:Policy Number 252684736 on the life of VERMA
(Customer ID :0001BU00107312)

We have pleasure to inform you that MATURITY Benefit amount of *****189700.00 is payable under above policy on 28/04/2020. For settlement of claim under above policy, you are requested to submit the following requirements immediately or at least 15 days before the due date of claim.

- 1) Original policy document for cancellation. If policy document is misplaced or lost, you may contact us for guidance.
- 2) Enclosed discharge form to be executed as per instructions contained therein.
- 3) Please inform us about change in your residential address, if any along with proof of residence.
- 4) If the policy is assigned, then inform us full name and address of assignee with your Loan a/c details.
- 5) If your policy is under Salary Savings Scheme, then ensure and confirm that your employer has stopped deduction of monthly premium due w.e.f. 02/2020 from your salary.
- 6) Maturity Benefit payment under your policy will be credited, directly to your Bank account through electronic mode of payment only, for which we require your Bank Account details. You are requested to submit NEFT (National Electronic Fund Transfer) mandate form given below along with necessary enclosures to settle the payment under your policy.

We shall be glad if you choose to reinvest the amount in any LIC product. For details of our various products, you may visit our website www.licindia.in or contact our Agent or contact us at the above address, before the due date of the claim. If you wish to take maturity claim in instalments, then exercise the settlement option before date of maturity. Plz contact Branch Office for details.

LIC of India,
Branch: 25H GHAZIABAD- C.B.O.-2

NEFT MANDATE FORM

- 1) Name of Policyholder or claimant:
 - 2) Policy number:
 - 3) Bank Name:
 - 4) Address of Bank:
 - 5) Account type : saving/ current/-----
 - 6) Bank Account number:
 - 7) IFS code of Bank :
 - 8) Your mobile number: +91
 - 9) e-mail id:
- Plz enclose: 1) Cancelled original cheque leaf where in the name of A/C holder is mentioned OR 2) Photo copy of the first page of the Bank Passbook where the name of account holder, Bank account number, IFS code is mentioned. (for attestation of these documents by LIC class I/II officer kindly bring original documents)

Signature of life assured

MEERUT Divisional Office, Branch Code 001
(Intimation No. : M/042020/000212) **0014824**

Discharge Voucher for MATURITY Claim payment under Policy No. 252684736 on the life of VERMA due on 28/04/2020.

I / We do hereby acknowledge receipt from the Life Insurance Corporation of India of the sum of Rupees 189700.00 being gross amount of claim, in full and final satisfaction of all my / our claims and demands in respect of the following payments under the above policy in terms of the policy contract.

PAYMENTS	DEDUCTIONS	
BASIC AMOUNT:	100000.00	UNPAID PRM: 00.00
V BONUS/GA :	82500.00	INT ON PRM: 00.00
INT. BONUS/LA:	4200.00	LOAN AMT : 00.00
F.A BONUS :	3000.00	LOAN INT : 00.00
		X-CHARGE : 00.00
AD EXTRA REF:	00.00	GAP PRM : 00.00
OTH EXTRA REF	00.00	GAP PRM INT 00.00
DEPOSIT REF	00.00	OTH DEDNS : 00.00
OTH PAYMENTS:	00.00	OTH DEDNS : 00.00
OTH PAYMENTS:	00.00	
GROSS AMT :	189700.00	TOT DEDNS: 00.00
NET AMOUNT PAYABLE: Rs.	189700.00	

Signed at _____ on this day of ____ 20

WITNESS:
Signed by Mr. / Ms. _____ Affix
In the presence of _____ Revenue
Signature of witness _____ Stamp
of Re.1

*Particulars of witness

Full Name _____
Designation _____
Address & contact no. _____
(Signature of the claimant/s in full & short in English / vernacular)

Notes:

1. The discharge form must be signed by the Claimant
2. If more than one person have signed the discharge form the names of all the person should be stated.
3. Witness is mandatory only in case where the individual claimant signs in vernacular or affixes thumb impression.
(in case illiterate)
4. The witness shall be an Agent of the Corporation who is a member of Agents club at the level of DM / Club or above, Development Officer/Class I Officer of LIC/Bank Manager/Officer of anationalized Bank / Principal/Head Master of a local high school / Gazetted Officer/Magistrate/Doctor/Advocate..