



Life Insurance Corporation of India
Pensions & Group Schemes Unit

<Address of the P&GS Unit>
 Phone nos: <Unit Phone No1>, <Unit Phone No1>
 Email id :< E-mail ID>, Fax: <Fax No>

CLAIM FORM

(For claiming benefits under an annuity upon the death of the Annuitant)

(To be completed by the TRUSTEES under the Master policy)

1	i. Name of the Scheme			
	ii. Master Policy Number			
	iii. Full Name & Address of the Master Policy Holder			
2	i. Full Name of the Annuitant			
	ii. Annuity No			
	iii. Date of Vesting of Annuity			
	iv. Date of Birth			
	v. Date of Death			
	vi. Place of Death			
	vii. Cause of Death			
3	i. Name and Address of the Beneficiary to whom the claim amount is payable			
	ii. Relationship of the Beneficiary with the Annuitant			
	iii. If the Beneficiary is a minor, state name & address of the guardian			
	iv. Mobile No. and Email id of the nominee:			
4	Beneficiary's Bank Details			
	A/c No of the nominee	Name of the bank	Branch Name	IFS Code of the bank branch

(Please attach Photocopy of cover page of Pass Book of the above account or a cancelled cheque leaf)

Note: Please Specify the shares of the nominees / heirs if there are more than one nominee / heir to whom the claim is to be paid and particulars of separate Bank A/C Nos.)

We hereby declare that the answers to all the above questions are true in every respect and that the above employee was a member of the Group Superannuation/Group annuity Scheme. We hereby request the Corporation to credit the claim amount to the Claimant's above mentioned Savings Bank A/C by NEFT mode.

Place :
 Date :

SIGNATURE OF THE TRUSTEE

(With seal)



Life Insurance Corporation of India
Pensions & Group Schemes Unit

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Phone nos: <Unit Phone No1>, <Unit Phone No1>

Email id :< E-mail ID>, Fax: <Fax No>

Form of Discharge for Payment of Return of Capital on Death of the Annuitant

Master Policy No : _____

Annuity No(s) : _____

We, the trustees <Trust Name> do hereby acknowledge the receipt from the **Life Insurance Corporation of India**, the sum of Rs. _____ (Rupees _____) in full satisfaction and discharge of all claims and demands due to the death of the annuitant <annuitant name> in respect of annuity/annuities purchased.

<u>Return of Capital Amount</u>		Rs.....
Add: Annuities due prior to death (Due date from.....to.....)	Rs.....	
Less: Excess annuities paid after date of death (Due date from.....to.....)	Rs.....	
<u>Total Amount Payable</u>		Rs.....

Dated at this day of 20.....

Please Affix
a Re.1/-
Revenue
Stamp

**Signature of the Trustees
(With Seal)**

Witness

Signature : _____

Name : _____

Designation : _____

Address : _____

Kindly return this discharge voucher after having **dated, duly stamped and signed, and witnessed.**