SUD LIFE

A joint venture of Bank of India | Union Bank of India | Dai-ichi Life

MATURITY FORM AND ADVANCE DISCHARGE VOUCHER

DETAILS OF POLICYHOLDER:

POLICY NUMBER: DATE OF MATURITY: D D M M Y Y Y Y

NAME OF THE POLICYHOLDER / BENEFICIARY:

PHONE NO.: MOBILE NO.:

IS THE POLICY ASSIGNED: ☐ YES ☐ NO

IF ASSIGNED, NAME OF THE ASSIGNEE:

- **RESIDENTIAL STATUS (NRI)** ☐ YES ☐ NO (Tick the correct option) If Yes, Country of Residence _____

(If the answer to the above question is 'Yes', please specify your country of residence and it is mandatory to fill in FATCAICRS Form)

- **ENCLOSE COPY OF PAN CARD AND PROVIDE YOUR PAN HERE**

(Tax would be deducted at the applicable Tax rate. The rate of TDS is 20% in case you do not sumbit a valid PAN card.)

BANK ACCOUNT DETAILS (MANDATORY):

I/We, _____ (Name of Life assured/assignee) hereby authorize SUD Life Insurance Co. Ltd. to directly credit the claim proceeds to my Bank Account, as per details given below:

ACCOUNT NO.: IFSC NO.:

BANK NAME:

TYPE OF ACCOUNT: BRANCH ADDRESS:

*Please attach preprinted Cancelled Cheque Leaf or photocopy of Bank Passbook with transactions updated in last 3 months.

MATURITY DISCHARGE VOUCHER:

I _____ do hereby acknowledge the receipt of ₹*

towards the maturity proceeds under my Policy Number

This is in full and final discharge of all the amounts due and payable under the above numbered policy on the life of _____ (Name of Life Assured).

*For unit linked policies, maturity value of the policy will depend on the Fund Value as on the Date of Maturity; if holiday, NAV as of next working day will be applicable.

Signature of Policyholder / Life Assured

PLACE: DATE: D D M M Y Y Y Y

CONSENT FOR TRANSFER OF FUND (IF OPTED):

SL. NO.	FROM POLICY NUMBER	TO PROPOSAL / POLICY NUMBER	AMOUNT (₹) TO BE TRANSFERRED	REASON FOR TRANSFER
1				
2				
3				

RELATIONSHIP WITH NEW PROPOSER: ☐ SELF ☐ SPOUSE ☐ CHILDREN

I/We hereby provide my/our consent to transfer money from the proceeds of the existing policy towards initial premium of the new application/ renewal premium of existing policy. The balance amount, if any, should be credited to my/our bank account registered with you.

Signature / Left Hand Thumb Impression of the Proposer

The Policyholder has affixed his/her thumb impression/has signed in vernacular/has not filled the application. I hereby declare that the content of this form has been explained to the Policyholder in _____ language and have truthfully recorded the answers provided to me. I further declare that the Policyholder has signed/axed his/her thumb impression in my presence.

Name and Address of the declarant: _____

Signature of the person making the declaration

Signature / Left Hand Thumb Impression of the Proposer

PLACE: DATE: D D M M Y Y Y Y

Star Union Dai-ichi Life Insurance Company Limited

Registered Office: 11th Floor, Vishwaroop IT Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai – 400 703.

Toll Free No.: 1800 266 8833 (9:00 am to 7:00 pm – Mon to Sat)

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Protecting Families, Enriching Lives!