



# Maturity Payout Form



Note: Please complete the form in CAPITAL LETTERS.

All fields with (\*) are mandatory

I request Exide Life Insurance Company Limited to process my maturity proceeds and refund the eligible maturity value after deducting all dues under this policy.

|                       |  |                      |                 |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|-----------------------|--|----------------------|-----------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <b>POLICY DETAILS</b> | Policy Number:*  | <input type="text"/> | Maturity Date:* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |
|                       | Policy Holder's Name:*   | <input type="text"/> |                 |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|                       | <b>To enable us to get in touch with you and facilitate quick processing, kindly update your latest contact information</b><br>(In case of change in communication address, a valid address proof of the new address is mandatory - Refer below for list of valid address proof) |                      |                 |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|                       | Current Address:*  | <input type="text"/> |                 |                      |                      |                      |                      |                      |                      |                      | Pin Code:*           | <input type="text"/> |
|                       | Landline:*   | <input type="text"/> |                 |                      |                      | Mobile:*             | <input type="text"/> |                      |                      | <input type="text"/> |                      |                      |
| Email ID:*            | <input type="text"/>   |                      |                 |                      |                      |                      |                      |                      |                      |                      |                      |                      |

|                           |   |   |   |
|---------------------------|---|---|---|
| <b>SETTLEMENT OPTIONS</b> | Fund Transfer* <input type="checkbox"/> Yes <input type="checkbox"/> No   | New PDA / Policy No.                    | <input type="text"/>                    |
|                           | <b>Settlement Options*</b><br>(3 & 5 installments option is applicable for products eligible as per Terms & Conditions) |   |   |
|                           | <input type="checkbox"/> Full Settlement  | <input type="checkbox"/> 3 Installments | <input type="checkbox"/> 5 Installments |

|  |   |                      |               |                      |
|--|---|----------------------|---------------|----------------------|
| <b>BANK DETAILS</b>  | Payment Method* <input type="checkbox"/> Direct credit (NEFT/RTGS) <input type="checkbox"/> A/c Payee Special Crossing Cheque   |                      |               |                      |
|  | Bank Name:*   | <input type="text"/> | Bank Branch:* | <input type="text"/> |
|  | Account Number:*  | <input type="text"/> | IFSC Code:*   | <input type="text"/> |
|  | Please tick (✓) any one Bank Account Type* <input type="checkbox"/> Savings <input type="checkbox"/> Current Account <input type="checkbox"/> Over Draft / Cash Credit <input type="checkbox"/> NRO |                      |               |                      |
| Note: In case IFSC code is not provided, the payout will be made by A/c payee special crossing cheque. Direct Credit is not possible for NRE account |   |                      |               |                      |

|                           |  |   |   |
|---------------------------|--|---|---|
| <b>DOCUMENTS REQUIRED</b> | <b>Please submit any one of the following listed documents along with the mandatory requirements (*).</b>  |   |   |
|                           | <input type="checkbox"/> 1) Self-attested valid photo ID proof *   | <input type="checkbox"/> 2) Self-attested valid address proof | <input type="checkbox"/> 3) Original Policy Documents |
|                           | <input type="checkbox"/> 4) Original cancelled cheque with your name and account number pre-printed* OR  |   |   |
|                           | <input type="checkbox"/> 5) Self-attested copy of bank statement / pass book copy with bank seal, if personalised cheque is not attached*.   |   |   |
|                           | List of valid address proofs: Telephone Bill, Bank letter/ Account Statement, Water Bill, Electricity Bill, Valid Passport, Valid Driving License, Ration Card, ESI Card, Domicile Certificate, Company Lease Agreement/Rental Agreement, Employer's Certificate. Statement/Receipt/Bill should not be more than six months old from the request submission date. Please attach self-attested identity proof bearing photo (e.g. Pan card, Voter's ID, Passport, Driving License, Aadhar Card) |   |   |

|   |  |                      |
|---|--|----------------------|
| <b>DECLARATION</b>  | I take full responsibility for the genuineness and correctness of the details filled herein. |                      |
|   | Signature / Thumb Impression of the Policy Owner / Assignee:*                                | Witness Signature:*  |
|   | Date <input type="text"/>  | <input type="text"/> |
|   | Name & Address of the Witness:*  |                      |
| *(Should be someone other than the advisor/agent/employee of the company and who has also explained the contents of this form if signature is in vernacular or a thumb impression.) |  |                      |

|                            |  |                      |               |                      |            |                      |
|----------------------------|--|----------------------|---------------|----------------------|------------|----------------------|
| <b>FOR OFFICE USE ONLY</b> | Name of the Customer Service Representative: | <input type="text"/> | Branch Code:  | <input type="text"/> | Signature: | <input type="text"/> |
|                            | Date:  | <input type="text"/> | Employee No.: | <input type="text"/> |            |                      |

|                            |  |              |                      |                      |
|----------------------------|--|--------------|----------------------|----------------------|
| <b>ACKNOWLEDGMENT SLIP</b> | <b>This is to acknowledge the receipt of application for Maturity Payout.</b>  |              | Date:                | <input type="text"/> |
|                            | Documents received:  | Policy No.   | <input type="text"/> | Sign:                |
|                            | <input type="checkbox"/> Original Policy Document <input type="checkbox"/> Valid Address Proof <input type="checkbox"/> Identity Proof <input type="checkbox"/> Bank account proof | Others _____ |                      |                      |

POS/MPA/Version 2.0



# Maturity Payout Form

**EXIDE Life**  
Insurance

**TERMS & CONDITIONS**

- Any payouts under the policy shall be strictly in accordance with the policy terms and conditions, and shall be subject to realization of all the renewal premium payments.
- The submission of this form by itself does not mean that the request will be processed. Exide Life Insurance Company Limited reserves the right to contact me in case of any further requirements or if any of the communication addresses and numbers submitted by me do not match the details available with Exide Life Insurance Company Limited for processing the maturity.
- If the transaction is delayed or not effected at all for any reasons due to incomplete or incorrect information given above, I shall not hold the company responsible in any manner whatsoever.
- Exide Life Insurance Company Limited will not be liable for any loss arising from non-receipt of communication.
- On my request Exide Life Insurance Company Limited shall transfer maturity payouts from my policy to another policy in which I have insurable interest. I hereby give my express consent for such transfer.
- I hereby declare that the policy is not assigned to any one or attached by any Authority / Court. For Unit Linked Insurance Policy. I understand that maturity value will be arrived at unit price of the day on which the policy is maturing for lump sum payout. If installment settlement option is chosen, all risks inherent in receiving the Maturity Benefit in installments ( in terms of units) will be borrowed by the Policy Holder.