

MATURITY CLAIM DISCHARGE VOUCHER

Instructions:

- * Please attach Cancelled Cheque Leaf (pre printed name) **OR** Photo copy of Bank Passbook
- * Direct credit will be made only if possible and allowed by banks as per Banking Regulations

Personal Details

Policy Number	
Policyholder's Name	
Life Assured Name	
Date of Maturity	
Address	
Contact Number	
E-Mail ID	

I, Mr/Ms/Mrs./Dr. _____, hereby acknowledge the receipt of Rs * _____ towards the maturity proceeds under my Policy No. _____, and accept the amount towards full and final discharge of all the amounts due and payable against the stated policy

*The Maturity value of the policy will depend on the Fund Value as on the Date of Maturity.
(applicable for Unit Linked Policies)

**Affix
Re1/revenue
Stamp & Sign
across**

Sign of Policyholder/Life Assured: _____

Date: _____

Place: _____

Vernacular Declaration

I _____, residing at _____ having known the policyholder for a period of _____ (month/years); do declare that I have explained the nature of the questions contained in this form to the policyholder. I have also explained that the answers to the questions form the basis for accepting this maturity claim request.

Sign: _____

Date: _____

Bank Account Details (Mandatory)

I _____ (Name of Policyholder /Assignee) hereby authorize Star Union Dai-ichi Life Insurance Co. Ltd to directly credit the claim proceeds to my Bank Account, as per details given below:

Account No. _____	Type of Account _____
Bank Name _____	Branch Code No. _____
IFSC Code No. _____	MICR Code _____
Branch Address _____	

Bank Manager's Name/Signature _____ **Bank Stamp** _____