

DD-MM-YYYY

**MATURITY CLAIM DISCHARGE VOUCHER**

I/We \_\_\_\_\_ the Policy Owner / Assignee do hereby acknowledge receipt from Tata AIA Life Insurance Company Limited (the "Company"), the sum of ` (In words)\_\_\_\_\_ including the amount of Bonus if any, in discharge of all my/our claims and demands under the \_\_\_\_\_ Policy number C \_\_\_\_\_ which matures on DD/MM/YYYY. All the benefits under the policy will cease to exist on the maturity of the policy and the policy would be cancelled.

**Statement:**

| <b>PAYABLE BENEFITS</b>                | <b>Amount in Rs</b> |
|--|---------------------|
| Sum Assured                            |                     |
| Accumulated Reversionary Bonus, if any |                     |
| Terminal Bonus, if any                 |                     |
| Guaranteed Addition, if any            |                     |
| Special Bonus, if any                  |                     |
| <b>Indicative Maturity Amount</b>      |                     |

| <b>LESS : INDEBTEDNESS</b>                                    | <b>Amount in Rs</b> |
|---|---------------------|
| Automatic Premium Loan ( including Interest)                  |                     |
| Policy Loan   |                     |
| Other Deductions (indebtedness, if any such as X-charge etc.) |                     |

**Indicative Net Amount Payable = ₹ XXXXXX**

**Mandatory information to be filled:**

Percentage of maturity Amount you wish to commute (Receive as Lump Sum payment): \_\_\_\_\_% (Maximum 33% is allowed).

Please specify details of insurance company from whom you wish to purchase Annuity:

Name of Insurance company\* : \_\_\_\_\_  
 Name of contact person : \_\_\_\_\_  
 Address of Insurance company : \_\_\_\_\_  
 \_\_\_\_\_



\_\_\_\_\_  
Signature of Policy owner/Claimant

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Name of Policy owner/Claimant

\_\_\_\_\_  
Name of Witness

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signed on (date): \_\_\_\_\_

Relationship: \_\_\_\_\_

Signed on (date): \_\_\_\_\_

Place: \_\_\_\_\_

Place: \_\_\_\_\_

Declaration in case the Policyholder is illiterate or signing in vernacular:

I \_\_\_\_\_ (name) with \_\_\_\_\_ (identify type) \_\_\_\_\_ (identity number) hereby declare that I have explained the contents of the Maturity Claim Voucher to the Policyholder in \_\_\_\_\_ language and that the Policyholder has signed/ affixed his/ her thumb impression on the Maturity Claim Voucher after fully understanding the content thereof.

Signature of the witness \_\_\_\_\_ Please affix Policyholder signature/thumb impression \_\_\_\_\_.

Note:

1. All signatures must be in ink. Names should be written as they are in our record.
2. For each signatory, there should be a witness with the signature. The witness has to be 21 years old or above, who is not the beneficiary of this policy.

**NOTES:**

1. This discharge form must be signed by the Policy Owner and Witnessed by a person who is conversant with the language of this form and knows the Policy Owner and whose identity can easily be established.
2. In case the claimant affixes thumb impression, the thumb impression must be attested by a Notary / Gazette Officer / Gram Panchayat Pradhan / Gram Panchayat member / School Headmaster / Ward Councilor / Block Development Officer / Bank Manager/ SEM or a person of local standing provided attestation is done after affixing a rubber stamp /giving his name & designation.

Where thumb marks are affixed attesting official must make the following declaration under the signature.

Shri/Smt \_\_\_\_\_ son/daughter/spouse of Shri \_\_\_\_\_  
\_\_\_\_\_ has affixed his/her thumb marks in my presence after understanding the contents there of.

\_\_\_\_\_  
Signature of the official with seal of his office

Name:

Designation:

Date:

**Disclaimers:-**

1. Maturity Amount is arrived at basis assumption that policy is in force on Maturity Date & all due premiums have been paid.
2. If at the time of making the Maturity claim payment, any premium remains outstanding, the same will be recovered from the amount shown herein as payable under the Policy.
3. The Net Amount Payable mentioned above does not include any excess amount received by the Company and which will be refunded to the Policyholder along with the Maturity claim amount.
4. The Net Amount payable may change if Reversionary bonus or Terminal bonus, where the policy is eligible for it, is declared by the Company after the dispatch of this voucher to the policy owner.
5. Interest on loan has been calculated on the assumption that the loan or any part of it and /or interest on the same remains outstanding as on the Maturity Date of the Policy.

**Tata AIA Life Insurance Company Ltd. (IRDA Regn. No. 110) (CIN - U66010MH2000PLC128403)**

Registered & Corporate Office: 14th Floor, Tower A, Peninsula Business Park, Senapati Bapat Marg, Lower Parel, Mumbai 400013

For more Information, contact your advisor or call on our Helpline No's 1-800-267-9966 (toll free) or at 1-860-266-9966 (local charges apply) or SMS "Service" to 58888 or e-mail us at [Customercare@tataaia.com](mailto:Customercare@tataaia.com) or visit our website [www.tataaia.com](http://www.tataaia.com)