

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 U\_\_\_\_\_ which matures on DD-MM-YYYY. This Indicative Maturity Amount is calculated based on NAV of <DD-MMM-YYYY>. The actual Maturity Amount will be based on NAV as on maturity date and the amount could be higher or lower than the stated amount. Further all applicable charges shall be deducted till maturity date. 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>
Regular Premium Fund Value	
Top up Premium Fund Value ( if any)	
Maturity Bonus	
Guaranteed Additions / Guaranteed Bonus	
Guaranteed Maturity Addition / Guaranteed Maturity Bonus	
<b>Indicative Maturity Amount</b>	
<b>Deduction (if any)</b>	

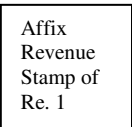
**Indicative Net Amount Payable = Rs XXXXXXXX**

**Mandatory information to be filled:**

Percentage of Maturity Amount you wish to commute (Receive as Lump Sum payment): \_\_\_\_\_%  
 (Maximum 33% is allowed)  
 The remaining Maturity Amount will be used to purchase an annuity.

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) \_\_\_\_\_ at City\_\_\_\_\_

\_\_\_\_\_  
 Relationship

Signed on (date) \_\_\_\_\_ at City\_\_\_\_\_

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 21years 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 / Gazetted 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. Indicative Maturity Amount is arrived assuming that the policy is inforce on Maturity Date & all due premiums have been paid. Indicative Maturity Amount is calculated based on NAV of <DD-MMM-YYYY>. The actual Maturity Amount will be based on NAV as on maturity date and the amount could be higher or lower than the stated amount. Further all applicable charges shall be deducted till maturity date.
2. At the time of making the Maturity claim payment, if there is any premium outstanding, then we will deduct the outstanding premiums from Maturity Amount. If the policy is already on Premium Holiday, Premium Holiday charges if applicable will be deducted.
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. If there are any transactions such as Premium Payment, Fund Switch etc. which are carried out in the policy after the dispatch of this Discharge Voucher, the same will be accordingly accounted in the Maturity Value.

**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)