Maturity benefit payout & discharge form

Policy Number

Policyholder's Name FIRST LAST

Correspondence Address/ Usual place of residence FIRST LAST FLAT NO.

BUILDING ROAD NAME/NO.

LANDMARK 1

DISTRICT/TALUKA LANDMARK 2

CITY/VILLAGE STATE Pincode

STD ISD Code LANDLINE MOBILE EMAIL ADDRESS

I, Mr./Mrs./Ms. FIRST LAST

Son/daughter/wife of FIRST LAST

have read the contents and I/we have fully understood the contents mentioned in the Maturity Benefit Intimation Form and agree to the contents in the Maturity Benefit Payment Intimation Form and I/we hereby authorize Reliance Nippon Life Insurance Company Limited to settle the Maturity Benefit Payment in my favor. I agree to accept the Maturity Benefit in full and final satisfaction and discharge of the entire Claim under the said Policy. I accept this payment with full knowledge that I have no claim whatsoever henceforth in respect of this Policy.

Residential status: Indian ☐ Non Resident Indian (NRI) ☐ Country, if NRI _____

Residence for Tax purposes in Jurisdiction(s) outside India ☐ Yes ☐ No
(If "Yes" then mandatory to fill the FATCA/CRS declaration)

ELECTRONIC PAYOUT OPTION (Direct Transfer of funds to your Bank Account) Please submit a cancelled cheque copy along with this form)

Name of the Account Holder FIRST LAST

Bank Name BANK NAME BRANCH NAME

Correspondence Address/ Usual place of residence

Pincode

ACCOUNT NO. IFSC CODE

MICR Code PAN

Aadhar No.

** Please note that w.e.f 01.10.2014, as per Section 194DA under Finance (No. 2) Act, 2014, 1% TDS on receipt of PAN or 20% TDS on non receipt of PAN is applicable if the sum payable in financial year Rs. 1,00,000 and above which is not falling under Section 10(10D) of the Income Tax Act. Please consult your tax advisor.

I/We, the Claimant/Policyholder/Assignee herein acknowledge and declare the receipt of all the amounts due and payable under the above mentioned policy towards the full and final settlement of the claim herein. I/We hereby declare that Reliance Nippon Life Insurance Company Limited is discharged of all its liabilities under the said policy.

Signature of the Witness

Full Name FIRST LAST

Address of Witness

Re 1/-
Revenue
Stamp

Signature of the Claimant/Policyholder
(Please sign across the revenue stamp)

Place

Date DD MM YYYY

Reliance Nippon Life Insurance Company Limited (formerly known as Reliance Life Insurance Company Limited). IRDAI Registration No: 121. Registered Office: H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai, Maharashtra 400710. For more information or any grievance, 1. Call us between 9am to 6pm, Monday to Saturday our Toll Free Number 1800 102 1010 or 2. Visit us at www.reliancenipponlife.com or 3. Email us at: rnlife.customerservice@relianceada.com. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited & Nippon Life Insurance Company and used by Reliance Nippon Life Insurance Company Limited under license.

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