

Claim Form A - Waiver of Premium Payment

(All answers to be in BLOCK LETTERS - No Dots & Dashes)

Name of Claimant [Grid]

Correspondence Address/ Usual place of residence [Grid]

[Grid]

[Grid]

[Grid]

[Grid] Pincode [Grid]

STD ISD Code [Grid] EMAIL ADDRESS [Grid]

Name of the Deceased/Proposer [Grid]

Relationship of Claimant to Proposer [Grid]

Name of Life Assured [Grid]

Relationship to Life Assured [Grid]

Nature of title under which the claim for Policy Monies is submitted: Nominee/Assignee/Trustee/Others [Grid]

Policy Number [Grid] Client Number [Grid]

Mention details of all other Policies on the Life of the deceased taken with other companies which has now resulted in a death claim

Table with 5 columns: Policy Number, Date of Commencement, Sum Assured, Name of the Company. Rows 1-4.

Date of Death of Proposer DDMMYYYY Age at Death [Grid]

Cause of Death of Proposer [Grid]

Details of Last Illness [Grid]

When did he/she first complain of illness? [Grid]

Name & Address of Business/Employer of Proposer [Grid]

Address [Grid]

[Grid]

[Grid]

[Grid]

[Grid] Pincode [Grid]

STD ISD Code [Grid] EMAIL ADDRESS [Grid]

Name of the doctor and address of the hospital where the proposer was last treated

[Grid]

Address [Grid]

[Grid]

[Grid]

[Grid]

[Grid] Pincode [Grid]

STD ISD Code [Grid] EMAIL ADDRESS [Grid]

Bank Account Details of Claimant/Appointee in case the proposer died in the laspe period (Please note that all the payments would be made only through direct transfer to the

Bank Account, hence cancelled cheque is to be attached)

Name as per Bank Records [Grid]

[Grid]

[Grid]

[Grid]

*Payment will be credited to the given bank account except in the case where the banks are not participating in Electronic Clearing

Attach Cancelled Cheque Here

Nominee's/Appointee's signature to be taken on the cancelled cheque. Cancelled cheque should bear the name of the nominee/account holder & IFSC/RTGS/NEFT Code. In the absence of these details, the applicant needs to submit a recent bank statement of the same Bank Account. The bank a/c number should be clear & visible (please do not cross on a/c no.). If such details are not available, direct transfer would not be an option.

I am enclosing herewith

Original Policy Schedule Original Death Certificate AML/KYC Document of Claimant Payout form along with cancelled cheque/Bank passbook copy

I hereby declare that the statements made in this claim form by me are true and correct to the best of my knowledge and belief. I also hereby authorize and direct any doctor, hospital, employer, police or any other related authorities to provide to Reliance Life Insurance Company Limited any information relating to the Proposer's health or employment or any other related matters for considering the claim.

Signature of the Witness

(To be filled up by the relative of Life Assured other than the Nominee)

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|---------------------|---|------|---|---|---|---|---|---|---|---|---|---|---|---|---------------|----|---|---|---------|----|---|---|---|---|---|--|--|--|--|
| | | Date | | D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | |
| Name of the Witness | | F | I | R | S | T | M | I | D | D | L | E | L | A | S | T | | | | | | | | | | | | | |
| Address | | F | I | R | S | T | L | A | S | T | F | L | A | T | N | O. | | | | | | | | | | | | | |
| | | B | U | I | L | D | I | N | G | R | O | A | D | N | A | M | E | / | N | O. | | | | | | | | | |
| | | | | | | | | | | L | A | N | D | M | A | R | K | 1 | | | | | | | | | | | |
| | | D | I | S | T | R | I | C | T | / | T | A | L | U | K | A | L | A | N | D | M | A | R | K | 2 | | | | |
| | | C | I | T | Y | / | V | I | L | L | A | G | E | S | T | A | T | E | Pincode | | | | | | | | | | |
| STD ISD Code | L | A | N | D | L | I | N | E | M | O | B | I | L | E | EMAIL ADDRESS | | | | | | | | | | | | | | |

Signature of the Claimant

(To be filled up by the relative of Life Assured other than the Nominee)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------|---|------|---|---|---|---|---|---|---|---|---|---|---|---|---------------|----|---|---|---------|----|---|---|---|---|---|--|--|--|--|
| | | Date | | D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | |
| Name of the Witness | | F | I | R | S | T | M | I | D | D | L | E | L | A | S | T | | | | | | | | | | | | | |
| Address | | F | I | R | S | T | L | A | S | T | F | L | A | T | N | O. | | | | | | | | | | | | | |
| | | B | U | I | L | D | I | N | G | R | O | A | D | N | A | M | E | / | N | O. | | | | | | | | | |
| | | | | | | | | | | L | A | N | D | M | A | R | K | 1 | | | | | | | | | | | |
| | | D | I | S | T | R | I | C | T | / | T | A | L | U | K | A | L | A | N | D | M | A | R | K | 2 | | | | |
| | | C | I | T | Y | / | V | I | L | L | A | G | E | S | T | A | T | E | Pincode | | | | | | | | | | |
| STD ISD Code | L | A | N | D | L | I | N | E | M | O | B | I | L | E | EMAIL ADDRESS | | | | | | | | | | | | | | |

