RELIANCE NIPPON LIFE INSURANCE

A RELIANCE CAPITAL COMPANY

Pay Out Form for Death Claim

Policy No. | | | | | | | | |

Date | D | D | M | M | Y | Y | Y | Y |

Name of the Claimant | 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 |

Bank Account Details

Claimant Name as per bank records | FIRST | LAST |

BANK NAME | BRANCH NAME |

ACCOUNT NO. | IFSC CODE | MICR CODE |

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

Signature of the Claimant

Date | D | D | M | M | Y | Y | Y | Y |

Attach cancelled cheque here

Claimant signature to be taken on cancelled cheque. Cancelled cheque should bear the name of the claimant/account holder and IFSC Code. In the absence of name in cheque leaf, the applicant needs to submit a recent bank statement of the same Bank Account. The bank a/c number should be clear and visible (please do not cross on a/c no.). If such details are not available direct transfer would not be an option.

Reliance Nippon Life Insurance Company Limited. IRDAI Registration No: 121. Registered Office: Reliance Centre, 5th floor, Off Western Express Highway, Santacruz East, Mumbai, Mumbai-City District, Maharashtra-400055. For more information or any grievance, 1. Call us between 9am to 6pm, Monday to Saturday on 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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CIN: U66010MH2001PLC167089

MKT/Pay Out Form for Death Claim/2 /June2020