FORM C - Certificate of Identity

Policy No.
Date D D M M Y Y Y Y

(This form is to be completed and signed by a person associated with, but not related to the Deceased or to the Claimant, but who attended the burial/cremation of the deceased)

Name of the Life Assured FIRST LAST

Correspondence Address/ Usual place of residence FLAT NO. BUILDING

ROAD NAME/NO. LANDMARK 1

DISTRICT/TALUKA LANDMARK 2

CITY/VILLAGE STATE Pincode

STD ISD Code LANDLINE MOBILE EMAIL ADDRESS

Date of Death D D M M Y Y Y Y Cause of Death

Age at Death Duration of Illness

How long was the deceased/Life Assured known to you?

Was he/she related to you? Yes No If so, how?

Were you present at the time of death of the Life Assured? Yes No

Were you present at the final rites of the Life Assured? Yes No

Was he/she buried or cremated? Buried Cremated

Give address of the burial or cremation ground where the last rites were performed

Date of burial/cremation D D M M Y Y Y Y

If the deceased/Life Assured was employed, mention his occupation

and the address of the employer

Are you aware that the deceased/Life Assured was insured with Reliance Life Insurance (formerly known as AMP Sanmar Life Insurance) Yes No

I certify that the body which was buried or cremated was that of the person named above (Deceased/Life Assured), and do hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief.

Date D D M M Y Y Y Y

Place

Signature of the Declarant

Details of the Declarant filling up the form

Name FIRST LAST

Occupation

Address FLAT NO. BUILDING

ROAD NAME/NO. LANDMARK 1

DISTRICT/TALUKA LANDMARK 2

CITY/VILLAGE STATE Pincode

STD ISD Code LANDLINE MOBILE EMAIL ADDRESS

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

Claims/FormC/Ver 2/June2020