

| Clo | air | n f | or | m | Α | | | | | | | | | | | | | | | | | | | P | olicy | No. | | | | | | | | |
|-----------------------------------|---------|----------------------------------|---------|--------|---------|--------|---------|---------|--------|---------|---------|--------|----------|-------|--------|--------|---------|--------------------|-------|---------|----------------------------|-------|-----------------|-------|-------|-----|---------------|------|------|----------|--------|--------|-------|----|
| (To b | e fille | illed by the Nominee / Claimant) | | | | | | | | | | | | | | | | Date D D M M Y Y Y | | | | | | | | | | | Υ | | | | | |
| (All c | insw | ers t | o be | in Blo | ock Le | etters | s - No | Dots | and | l Das | hes) | | | | | | | | | | | | | | | , | | | | | | | | |
| Nam | e of | he C | laimo | ant | | F | | R | S | T | | | | | | | | W | | D | D | L | E | | | | | | | L | Α | S | T | |
| Addı | ess | | | F | ı | R | S | T | | | | | | | | | | | | | | L | Α | 5 | T | | | F | L | A | T | | N | 0. |
| | В | U | ı | L | D | ı | N | G | | | | | | | | | | | R | 0 | А | D | | N | Α | W | E | / | N | 0. | | | | |
| | | | | | | | | | | | | | | | | | | | L | Α | N | D | M | Α | R | К | 1 | | | | | | | |
| | D | ı | S | T | R | ı | С | Т | / | Т | Α | L | U | K | Α | | | | L | Α | N | D | M | Α | R | К | 2 | | | | | | | |
| | С | ı | T | Y | / | ٧ | ı | L | L | Α | G | E | | | | | | | S | T | Α | T | Е | | | | Pin (| Code | | | | | | |
| STD ISD Code L A N D L I N | | | | | | | | | | | | | | M | 0 | В | | L | Е | | | | | | | | E | MAII | . AD | DRES | S | | | |
| Name of the Deceased Life Assured | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rela | ionsl | nip of | Clair | mant | to Life | Ass | ured | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Natu | re of | title (| undei | whic | h the | clair | n for I | Policy | Mon | ies is | subr | nitted | : Nor | ninee | As | signe | ee/ Tr | ustee | / oth | ers | | | | | | | | | | | | | | |
| Polic | / Nui | nber | | | | | | | | | | | | | | | | | | | Clie | nt Nu | mber | | | | | | | | | | | |
| Resi | denti | al sta | atus: I | ndiar | | Non | Resid | ent In | dian | (NRI) | | Count | ry, if I | NRI | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | dictio | | | | | Ye: | | | (If ^ | Voc" | thon | mana | laton | , to fi | II tha | EATC | ۸ <i>/</i> ۲ DS | doc | arati | onl | | | | | | | | |
| | | | | • | | | | | | | | | | | | | | | | | | | | | | | مالد م | | | | | | | |
| Men | ION | oli po | | Policy | | | Policie | s on | ine L | ile oi | | | | | | | COIII | panie | | | | | Ullea | IIIIO | | | | | | | \top | Cli- | - C11 | |
| | | | | POlicy | NUII | ibei | | | | | Date | e of C | omm | nence | ment | | | | Su | ım As | ssured Name of the Company | | | | | | | | | + | Clain | 1 5101 | US | |
| 1 | _ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | _ | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | + | | | |
| 4 | | | | | | | | | | | | | | , | | | | | | | | | | | | | | | | — | | | — | |
| Date | of D | eath | of Life | e Assı | ured | | | | | | | | | | Age | at De | eath | | | | | | | | | | | | | | | | | |
| Caus | e of | Deatl | n of L | ife As | sured | | | | | | | | | | | | | | | | | | | | | | | | | <u> </u> | | | | |
| Deta | ls of | Last | Illnes | S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Whe | n did | he/s | he firs | st con | nplain | of III | ness? | D | D | M | M | Υ | Υ | Υ | Υ | | | | | | | | | | | | | | | | | | | |
| Nam | e & A | Addre | ess of | Busir | ness/ | Empl | oyer o | of Life | Assu | red | | | | F | 1 | R | S | T | | | M | 1 | D | D | L | E | | | | L | Α | S | Т | |
| Corre | espor | nden | ce Ad | dress | / Usu | al plo | ace of | resid | ence | F | - | R | S | Т | | | | | | | | L | Α | 5 | T | | | F | L | Α | T | | N | 0. |
| | В | U | - | L | D | - | N | G | | | | | | | | | | | R | 0 | Α | D | | N | Α | M | Е | / | N | Ο. | | | | |
| | | | | | | | | | | | | | | | | | | | L | Α | N | D | M | Α | R | K | 1 | | | | | | | |
| | D | 1 | S | T | R | - | С | T | / | T | Α | L | U | K | A | | | | L | A | N | D | M | Α | R | K | 2 | | | | | | | |
| | С | - | T | Y | / | ٧ | | L | L | Α | G | E | | | | | | | S | T | Α | T | Е | | | | Pin (| Code | | | | | | |
| STD IS |) Code | L | A | N | D | L | | N | E | | | | | M | 0 | В | ı | L | E | | | | | | | | Е | MAII | . AD | DRES | S | | | |
| Nam | e an | d add | dress | of the | e doct | or/h | ospito | al who | o trec | ited tl | ne Life | e Assı | ured | durin | g his. | /her l | last il | Iness | | | | | | | | | | | | | | | | |
| | F | 1 | R | S | T | | | | | | | | | | | | | | | | | | | | | | | | | L | Α | S | T | |
| Addı | ess | C/o. | | F | ı | R | S | T | | | | | | | | | | | | | | L | Α | 5 | T | | | F | L | A | T | | N | 0. |
| | В | U | ı | L | D | I | N | G | | | | | | | | | | | R | 0 | Α | D | | N | Α | W | E | / | N | 0. | | | | |
| | | | | | | | | | | | | | | | | | | | L | Α | N | D | M | Α | R | К | 1 | | | | | | | |
| | D | ı | S | Т | R | 1 | С | Т | / | T | Α | L | U | К | A | | | | L | Α | N | D | M | Α | R | К | 2 | | | | | | | |
| | С | 1 | T | Υ | / | V | | L | L | Α | G | Е | | | | | | | S | T | Α | Т | Е | | | | Pin (| Code | | | | | | |
| STD IS |) Code | | Δ | N | D | | | N | F | ĺ | | | | M | 0 | B | | | F | | ĺ | ĺ | | | | | EMAIL ADDRESS | | | | | | | |



| Bank A be atto | | | Detail | s of C | Claimo | ant/N | lomir | nee (P | lease | note | - All | the p | ayme | ent wo | ould b | oe mo | ade o | nly th | roug | ıh dire | ect tro | ansfe | r to th | ne Ba | nk a | coun | t, hen | ice co | ancel | led ch | neque | : leaf | is to | |
|--------------------------|--------|----------|--------|--------|--------|--------|--------|---------|--------|--------|--------|---------|--------|--------|--------|-------|-------|--------|------|---------|---------|---------|--|---------|-------|---------|--------|--------|----------|--------|-------|--------|-------|----------|
| Name | as p | oer B | ank F | Recor | ds | | F | | R | S | Т | | | | | | | | | | | | | | | | | | | L | Α | S | Т | |
| | В | Α | N | К | | N | Α | W | Е | | | | | | | | | | В | R | Α | N | С | Н | | N | Α | M | Е | | | | | \equiv |
| | Α | С | С | 0 | U | N | T | | N | U | M | В | E | R | | | | | ı | F | S | С | | С | 0 | D | E | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | , | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Sigr | natur | e of C | laima | ant | | | | | | | | | | | | | | | | | | | Date | D | D | M | M | Υ | Υ | Υ | Υ |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Paym | ent | will b | oe cre | edited | to th | e giv | en po | articip | ating | in Ele | ectror | nic Cle | earing | 9 | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | A | ttacl | h Ca | ncell | ed C | hequ | e He | ere | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nomir these such a | deta | iils, tl | ne ap | plica | nt ne | eds to | o sub | mit a | rece | nt ba | nk sto | iteme | ent of | | | | | | | | | | | | | | | | | | | | | |
| l am e | | | | | | ancci | IIGII | SICI W | roola | 1101 6 | c un | орпо | | | | | | | | | | | | | | | | | | | | | | |
| 01. Ori | | | | | | cum | ont | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | COIII | em | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02. Or | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03. A <i>l</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04. Po | • | | | • | | | | • | | | | | | | | d | | . 46. | h t | -f | مرا بر | ام ما س | ســـــــــــــــــــــــــــــــــــــ | ممالم م | liaf | م مام م | haua | h a | سم حالات | · | نامات | | | |
| I here hospit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| emplo | yme | ent or | any | othe | relat | ed m | atter | s for c | consid | dering | g the | claim | | | | | | | | | - | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Sig | natur | e of t | the W | itnes | s | | | | | | | | | | | | | | : | Signo | ature | of Cla | imar | nt | | | | | |
| (To be | filled | up b | y the | relati | | | | | | | Nomin | ee) | | | | | | | | | | | | | J | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | Date | D | D | M | M | V | _ | _ | _ |
| A /: 1 | - NI | | | | | _ | | | | _ | | | | | | | | | | | | | - | | | Dule | | | 741 | 101 | | | | _ |
| Witnes | | ame | | | | r | | R | S | | | | | | | | | M | | D | D | L | E | | | | | | | L | Α | S | | |
| Addre | | | | | F | | R | S | T | | | | Щ | | | Щ | | | | | | L | Α | S | T | | | F | L | Α | T | Щ | N | 0. |
| | В | U | - | L | D | - | N | G | | | | | Щ | | | Щ | | | R | 0 | Α | D | | N | Α | W | E | / | N | 0. | Щ | | Щ | |
| | | | | | | | | | | | | | Щ | | | Щ | | | L | Α | N | D | M | Α | R | К | 1 | | | | | | Щ | |
| | D | ı | S | T | R | ı | С | T | / | T | A | L | U | K | Α | | | | L | Α | N | D | M | Α | R | K | 2 | | | | | | | |
| | С | - | T | Υ | / | ٧ | | L | L | Α | G | E | | | | | | | S | T | Α | T | E | | | | Pin (| Code | | | | | | |
| STD ISD | Code | L | Α | N | D | L | ı | N | Е | | | | | M | 0 | В | 1 | L | Е | | | | | | | | Е | MAI | L AD | DRES | S | | | \equiv |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



Declaration by the person completing this claim form

Date of Claim form Received at Branch

Signature of the CCE

Reliance Nippon Life Insurance requires that this form is completed by the Claimant. If this is not possible because the claimant does not read, write or speak English, then this form may be completed by another person who must complete the following declaration.

I have explained the contents of this form to the claimant and endeavored to ensure that the contents have been fully understood. I have accurately recorded the responses to the information sought by this Claim form and I have read the responses back to the claimant and confirmed that they are correct.

| Decl | arant | Nam | е | | | F | 1 | R | S | T | | | | | | | | M | ı | D | D | L | E | | | | | | | L | Α | S | T | |
|--------|--------|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------------|---|---|-------|------|---|----|---|---|---|----|
| Add | ress (| C/o. | | F | - | R | S | T | | | | | | | | | | | | | | L | Α | S | T | | | F | L | Α | T | | N | 0. |
| | В | U | | L | D | | N | G | | | | | | | | | | | R | 0 | Α | D | | N | Α | W | E | / | N | 0. | | | | |
| | | | | | | | | | | | | | | | | | | | L | Α | N | D | W | Α | R | K | 1 | | | | | | | |
| | D | | S | T | R | | С | T | / | T | Α | L | U | K | Α | | | | L | Α | N | D | M | Α | R | K | 2 | | | | | | | |
| | С | | T | Υ | / | ٧ | | L | L | Α | G | E | | | | | | | S | T | Α | T | E | | | | Pin (| Code | | | | | | |
| STD IS | D Code | L | Α | N | D | L | 1 | N | E | | | | | M | 0 | В | ı | L | E | | | | | EMAIL ADDRESS | | | | | | | | | | |

(Declarant should not be an employee/advisor of Reliance Nippon Life Insurance Company)

| Signature ot Declarant | Date D D M M Y Y Y |
|----------------------------|--|
| | |
| | For Internal Use: To be filled by the Branch CCE |
| Claimant Name/Relationship | |
| Claimant Contact No. | |
| Name of the Branch CCE | |
| SAP Code of the CCE | |
| Contact No. of the CCE | |
| E-mail ID of the CCE | |

Reliance Nippon Life Insurance Company Limited. IRDAI Registration No: 121. Registered & Corporate Office: Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai - 400051. India. T +91 22 6896 5000. 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: milife.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.

Beware of Spurious / Fraud Phone calls: IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.