

## **Group Superannuation Policy – Claim Form**

| Policy Details    | Master Policy No  |               | Name of the Master Policy Holder |              |
|-------------------|---|---------------|----------------------------------|--------------|
|                   | Forming Name 0 ID   | Data of Birth | Data of Jaining                  | Data of suit |
| Member 's Details | Employee Name & ID  | Date of Birth | Date of Joining                  | Date of exit |
|                   | Resignation Death (Cause of death required)   |               |                                  |              |
| Cause of Exit     | Total & Permanent Disablement   Early Retirement  |               |                                  |              |
|                   | -   | ,             |                                  |              |
|                   | Transfer of the fund to the new employers Superannuation fund*                              |               |                                  |              |
| Benefit 1         | Benefit 1 Name of the Superannuation fund to which fund is to be transferred                |               |                                  |              |
|                   |   |               |                                  |              |
|                   | * Should be an approved Superannuation fund   |               |                                  |              |
| Benefit 2         | Purchase of annuity with commutation  |               |                                  |              |
|                   | Commutation %   |               |                                  |              |
|                   | * Income Tax to be deducted in case of exit other than death before normal retirement date. |               |                                  |              |
|                   | Insurer from whom the annuity to be purchased :   |               |                                  |              |
|                   |   |               |                                  |              |
|                   | Type of Annuity   Life Annuity without ROC   Life Annuity with ROC                          |               |                                  |              |
|                   | Tax to be deducted %  |               |                                  |              |
|                   | Purchase of annuity without commutation   |               |                                  |              |
| Benefit 3         |   |               |                                  |              |
|                   | Insurer from whom the annuity to be purchased :   |               |                                  |              |
|                   | Type of Annuity Life Annuity without ROC Life Annuity with ROC                              |               |                                  |              |
|                   | Return 100% Contribution to the Trust   |               |                                  |              |
| Benefit 4         |   |               |                                  |              |
|                   |   |               | pany Ltd to process the Supera   |              |
| Declaration       | above mentioned person as chosen above and make the payment in favour of                    |               |                                  |              |
|                   |   |               |                                  |              |
|                   | Signed atthisday of20   |               |                                  |              |
|                   | Signature of the Trustee1 Signature of the Trustee2   |               |                                  |              |
| Comments / Notes  |   |               |                                  |              |
| Comments / Notes  |   |               |                                  |              |
|                   |   |               |                                  |              |

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 8 am to 8 pm, Monday to Saturday (except public holidays) on our Toll-Free Number - 1800 102 1010 or 2. Visit us at www.reliancenipponlife.com 3. Email us at milife.customerservice@relianceada.com. 4. Chat with us on our WhatsApp number (+91) 7208852700. The trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited & Nippon Life Insurance Company and is used by Reliance Nippon Life Insurance Company Limited under license.

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