

**CLAIM FORM FOR SURVIVAL BENEFIT DUE ON ANTICIPATED ENDOWMENT ASSURANCE POLICY**

(Please fill in the columns in CAPITAL letters)

1. Name of Insurant (Mr./ Mrs./ Ms.)

First Name										Middle Name										Last Name									

2. Occupation

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3. Communication Address

Village										Taluka																			
City										District																			
State										Country										PIN									

4. Particulars of Policy

i. Policy No.

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ii. Sum Assured

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iii. Date of Acceptance

		/			/															
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iv. Date of Survival Benefit Due

		/			/															
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5. (i) Designation and Address of Drawing and Disbursing Officer during last six months

Village										Taluka																			
City										District																			
State										Country										PIN									

(ii) Designation and Address of Pay and Accounts Officer

Village										Taluka																			
City										District																			
State										Country										PIN									

6. Name of the Post Office where premia were paid during last six months.

- a) \_\_\_\_\_ b) \_\_\_\_\_ c) \_\_\_\_\_  
d) \_\_\_\_\_ e) \_\_\_\_\_ f) \_\_\_\_\_

7. Name of the Post Office (if it is Sub Office, write the name of Head Office as well) at which the payment is desired.

i. Name of Sub Post Office

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ii. Name of Head Post Office

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8. **For payment through cheque,** please provide following information about your Post Office/Bank account:-

i. Account No.

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ii. Name of Post Office/ Bank

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iii. Branch Name:

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Documents attached:

- (a) Premium Receipt Book. (b) Certificate of Pay Disbursing Officer regarding recovery of premia from pay for the last six months. (c) Any other document.

Date: \_\_\_\_\_

Signature of Insurant  
Name:  
Phone no.:  
Office:  
Residence:  
Mobile no. :