



IRDAI Regn. No. 135. | Corporate Identity Number: U66010MH2007PLC167164.
22nd Floor, A Wing, Marathon Futurex, N M Joshi Marg, Lower Parel (E), Mumbai 400013.
Toll Free: 1800 209 0502 (Monday to Saturday; 8 am to 8 pm). E-mail: support@ageasfederal.com.
www.ageasfederal.com.

MATURITY FORM

(Kindly fill in Block Letter and Use Black Ink)

POLICY INFORMATION

POLICY NO																			DATE	D	D	M	M	Y	Y	Y	Y
POLICY OWNER NAME	F	I	R	S	T	N	A	M	E	M	I	D	D	L	E	N	A	M	E	L	A	S	T	N	A	M	E
CONTACT DETAILS	Mobile																										
	Land Line (Std Code)																										
	Email id																										

Note: Your email id will be registered for "Go Green" and all future communications regarding your policy/ies will be sent to this email id. This may lead to discontinuance of physical statements.

POLICY HOLDER IDENTIFICATION DETAILS

PAN No																										
CKYC No																										
EIA No																										

DOCUMENTATION (Mandatory Requirement)

Are you a citizen of USA (including green card holder)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes, I have submitted the policy document <input type="checkbox"/> Yes, I have submitted a declaration duly signed in lieu of policy bond <input type="checkbox"/> Yes I have attached a cancelled cheque with preprinted name of the account holder /self-attested Bank statement or Pass-book copy duly attested by Bank. <input type="checkbox"/> Yes, I have submitted Self attested Photo Id Proof
Are you a tax resident of any country other than India?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Note: <ul style="list-style-type: none"> If the response to any of the above question is YES, please submit a FATCA_CRS form available on our website I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect or changes. Incase of NRE/NRO account details please submit a FATCA_CRS form available on our website. 			
Note: <ul style="list-style-type: none"> Validity of the indemnity bond will be six months from issuance. In case valid PAN is not provided to AFLI, the Company shall not be liable for the non benefit of the credit of Tax Deducted at source. 			

BANK DETAILS FOR PAYOUT

ACCOUNT HOLDER NAME																												
BANK NAME AND BRANCH																												
BANK ACCOUNT NUMBER																												
ACCOUNT TYPE														SAVINGS														NRE / NRO *
IFSC CODE																												

* For NRE bank account, letter from Bank/bank statement confirming premiums are received from the NRE account is mandatory.

* In case cancelled cheque copy is of New Account, self attested copy of bank statement is mandatory.

Note: AFLI will not be responsible in case of non-credit to customer's account for reasons of incomplete/incorrect bank account information provided by the customer

ANNUITY OPTIONS FOR MATURITY OF PENSION POLICIES (Please select/mention annuity provider of your choice for 2/3rd amount)

<input type="checkbox"/> LIC	<input type="checkbox"/> SBI Life	<input type="checkbox"/> HDFC Life	<input type="checkbox"/> ICICI Prudential
<input type="checkbox"/> Kotak Life Insurance	<input type="checkbox"/> Birla Sun Life	Others , please specify _____	

Acknowledgment Slip

Received a request for Maturity against policy no on BEFORE 3pm ☐ AFTER 3pm ☐

FOR OFFICE USEDate

D	D	M	M	Y	Y	Y	Y
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TIME (Tick) ☐ BEFORE 3pm ☐ AFTER 3pm ☐

Stamp of the Branch:

Signature of the Official: _____

DISCHARGE RECEIPT

I/We hereby agree to accept the payout amount and confirm of having understood and agree to all the conditions and information mentioned in the form.
I/We discharge the company, Ageas Federal Life Insurance Co Ltd of all my/ our claims or demands and responsibilities under the above mentioned policy.

Note: Discharge Voucher stands cancelled incase request made towards policy payment is rejected by Ageas Federal Life Insurance Co Ltd

Affix One
Rupee
Revenue
Stamp &
Sign Across

RESIDENTIAL DECLARATION BY POLICY HOLDER

I am a ☐ Non Resident ☐ Resident of India within Section 6 of the Income Tax Act, 1961. In the event there is any income tax demand (including interest, charges or levies) raised in India in respect of these amounts, I/we undertake to pay the demand forthwith and indemnify and hold Ageas Federal Life Insurance Company Ltd. harmless from any income tax demand (including interest, penalty, charges or levies) raised in India on the Ageas Federal life Insurance Company Ltd. on account of any misstatement / misrepresentation/ errors of omission or commission by me or any other person, and provide Ageas Federal Life Insurance Company Ltd. with all information/documents that may be necessary for any proceedings before Income-tax / Appellate Authorities in India.

DECLARATION

I/We understand that the maturity of the policy results in the termination of the policy and that I/We are required to return the original policy document to the Company. I/ We also understand and agree that the policy shall be deemed to have been duly matured and the company discharged of all liabilities under it upon the payment of maturity value, not withstanding the non production of the original policy document to the company, for any reason. Where the policy is not submitted to the Company, the policy owner here by agrees to indemnify the Company against all liabilities that the Company may incur on account of any claim being made by any other person on the basis of possession of the policy document or otherwise.

I/We understand that TDS will be applicable as per the prevailing tax laws of India and if valid PAN is not provided, TDS will be deducted as per the prevailing tax rates. AFLI, the company will not liable for the non benefit of credit of Tax deducted at source.

I hereby give my consent to Ageas Federal Life Insurance to contact me or send any communication related to my policy/ies on my mobile number/email ID.

I hereby give my consent to Ageas Federal Life Insurance to send any communication related to my policy/ies on my Whats App Account.

I hereby give consent to Ageas Federal to verify bank account details provided by me, including transferring a nominal account to my bank account for the same. I acknowledge that such transfer will not be considered as admission of any of Ageas Federal's obligation or liability.

Signature of the Policy
Holder/ Assignee

(having understood and agreed
to above declaration)

PLACE

DATE

DECLARATION (By Person filing the form on behalf of the policy holder for forms signed in Vernacular languages or Thumb Impression)

I _____, having known the policy holder for a period of _____ do declare that I have explained the nature of questions contained in this form to the policy holder. I have also explained that the answers to the questions form the basis for accepting this request for Maturity.

Signature of the Person filling the form
on behalf of the policy holder

(For forms signed in Vernacular Language/
Thumb Impression)

DATE

GENERAL INSTRUCTION

1. Amount Payable on Maturity is as per the policy terms and conditions.
2. All the required details in the form should be completely filled in.
3. The cut off time for NAV application in respect of allocation and redemption of units is 3:00 pm. If the maturity falls on a week day except holiday, the same day's unit value will be applicable or else next working day's unit value will be applied.
4. In case policy is assigned, payout will be made to the Assignee and request needs to be signed by Assignee, if payout is required to be made to Assignor then Assignment form is required first.
5. TDS will be applicable as per the prevailing tax laws of India. NRE customer, may submit Form 10 F and TRC for tax exemption, subject to its validity.
6. Request must be received from Life Assured upon auto vesting.
7. As per the directive received from the Government, you are advised to link your PAN and UID with the Income Tax Department to ensure PAN is active as TDS applicability is based on the same.