

Life Insurance Corporation of India

P & GS Unit: HYDERABAD-500 063.

Discharge Death / Maturity under Master Policy No.
dated in respect of Sri/Smt. insured under
the said Master Policy under Membership No.

We, the
.....
Scheme, by virtue of being grantees under the Master Policy granted to us by the Life Insurance
Corporation of India, do hereby acknowledge receipt from Life Insurance Corporation of India of the
sum of Rupees (in words)
.....In full and final settlement and discharge
of all our claims and demands in respect of the assurances effected on the Life of the above
referred member who was insured under the above mentioned Master Policy and who died /
retired on

Gross Claim Amount Rs.

Less Rs. Rs.

Net Amount Payable Rs.

Dated at this day of 199
(Place)

Revenue
Stamp

Signature/s of Master Policy holder
Office Stamp

Signed by Shri.....

In the presence of

Signature of witness

Full Name

Designation

Address

If the payment is desired to be made to a person, then the following Note
of Authority must be completed and signed by the Trustee/s.

Place Date

We hereby authorise and request the L.I.C. of India to pay the within
mentioned amount of Rs.
..... to Sri / Smt

(Signature/s of Trustee/s)
Office Stamp

Witness :-

Signature

Full Name

Designation

Address