



भारतीय जीवन बीमा निगम  
LIFE INSURANCE CORPORATION OF INDIA

COIMBATORE DIVISION

## PERSONAL STATEMENT REGARDING HEALTH

(Revival of Lapsed Policies on both Medical & Non-Medical basis)

F.NO.680  
(Rev.2022)

Date of Receipt \_\_\_\_\_

Inward No. \_\_\_\_\_

Agent's Name :

Agent's Code :

Divisional Office :		Branch Office :		Policy No	
1. Full name of the Life Assured Mr./Mrs./Ms./Mx.					
2. Gender :		Male	Female	Transgender	
Full Address	Address 1				
	Address 2				
	Address 3				
E-mail Address		Phone / Mobile No. _____			
Present Occupation					
Name of Employer		Length of Service with employer		.....years	
3. Personal History :		Answer 'Yes' or 'No'		If 'Yes' please give full details	
(a) During the last five years did you consult a Medical Practitioner for any ailment requiring treatment for more than a week?					
(b) Have you ever been admitted to any hospital or nursing home for general check-up, observation, treatment or operation?					
(c) Have you remained absent from place of work on grounds of health during the last 5 years?					
(d) Are you suffering from or have you ever suffered from ailments pertaining to Liver, Stomach, Heart, Lungs, Kidney, Brain or Nervous System?					
(e) Are you suffering from or have ever suffered from Diabetes, Tuberculosis, High Blood Pressure, Low Blood Pressure, Cancer, Epilepsy, Hernia, Hydrocele, Leprosy or any other disease?					
(f) Did you ever have any bodily defect or deformity?					
(g) Did you ever have any accident or injury?					
(h) Have you ever required or at present availing/undergoing medical advice, treatment or tests in connection with hepatitis B or AIDS related condition.					
(i) Do you use or have you ever used -		Yes / No		If yes, please specify quantity and duration of consumption	
Alcoholic drinks					
Narcotics					
Any other drugs					
Tobacco in any form					
(j) What has been your usual state of health?		Good / Not Good			
(k) Is your life now being proposed for another assurance or an application for revival of a policy on your life or any other proposal under consideration in any office of the Corporation or to any other Insurer? If yes give details.		YES / NO		If YES, give details 1. Policy / Proposal No. 2. Branch 3. Year	
(l) Has a proposal (or an application for revival of a policy) on your life made to any office of the Corporation or to any other Insurer ever been :-		YES / NO		If YES, give details 1. Policy / Proposal No. 2. Branch 3. Year	
(i) Withdrawn or Dropped?					
(ii) Accepted with an extra premium or lien?					
(iii) Deferred or declined?					
(iv) Accepted on terms otherwise than those proposed?					
4. In non-medical cases, please state exact height in cms and weight in kgs (Without shoes)		Height (Cms)		Weight (kgs)	

5. Please give details of your insurance policies under proposal / revival from LIC as well as from other insurers.

Name of the Divisional Office/ Unit Branch Office	Policy No.	Plan & Term	Sum Assured	Status of Policy / Last Premium Paid on

**For Female Proponents only :**

Are you pregnant now?		Date of last Delivery (yyyy-mm-dd) :
Have you had any abortion or miscarriage or caesarian section? If so give details		
Have you ever consulted a gynecologist or undergone any investigation, treatment for any gynaec ailment? (If yes, give details)		

**DECLARATION BY THE LIFE ASSURED**

I \_\_\_\_\_ the person whose life is herein being proposed to be assured, do hereby declare that the foregoing statements and answers have been given by me after fully understanding the questions and the same are true and complete in every particular and that I have not withheld any information and I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and the Life Insurance Corporation of India and that if any untrue avement be contained therein the said contract shall be dealt with as per provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.

Notwithstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital, diagnostic center and/or employer, reinsurer/credit bureau from divulging any knowledge or information about me concerning my health or employment, occupation, insurance, financial etc. on the grounds of privacy, I, my heirs, executors, administrators and assignees or any other person or persons, having interest of any kind whatsoever in the policy contract issued to me, hereby agree that such authority, having such knowledge or information, shall at any time be at liberty to divulge any such knowledge or information to the Corporation, and the Corporation to divulge the same to any Authorised Organisation / Institution / Agency / and Governmental/ Regulatory Authority for the sole purpose of underwriting / investigation / risk mitigation / fraud control and / or claim settlement. And I further agree that if after the date of submission of the health declaration but before revival any change in my occupation or any adverse circumstances connected with my financial position or the general health of myself or that of any members of my family occurs or if a proposal for assurance or an application for revival of a policy on my life made to any office of the Corporation is withdrawn or dropped, deferred or accepted at an increased premium or subject to a lien or on terms other than as proposed, I shall forthwith intimate the same to the Corporation in writing to reconsider the terms of acceptance of assurance. Any omission on my part to do so shall render this contract to be dealt with as per provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.

Dated at ..... on the ..... day of ..... 20

Signature of Witness .....

Address and Contact Number .....

Signature or Thumb Impression of the Life Assured

In case the proposer is illiterate his/her thumb impression should be attested by a person of standing whose identity can easily be established but unconnected with the Corporation and this declaration should be made by him.

I hereby declare that I have fully explained the above questions and contents of this form to the proposer in..... language and that the proposer has affixed the thumb impression above after fully understanding the contents thereof.

Name and Address of the Declarant :

.....  
 .....

SIGNATURE



Life Insurance Corporation of India  
Divisional Office, Coimbatore

Name : \_\_\_\_\_ Place : \_\_\_\_\_  
Address : \_\_\_\_\_ Date : \_\_\_\_\_

□ □ □ □ □ □ □ □ □ □

To  
LIC OF INDIA, ..... Branch  
Dear Sir,

Re : Policy No. ....

Please grant me the Surrender Value under the above Policy and oblige.

Please Credit my Surrender Amount in my Bank A/c

Account Type □ □ □ □ □ □ □ □

IFSC No. □ □ □ □ □ □ □ □ □ □

Bank A/c No. □

Policy Holder's Mobile No. □ □ □ □ □ □ □ □ □ □

Yours faithfully,

\* Bank Pass Book Copy / (Cancelled) Cheque leaf with Name enclosed.



ID PROOF & RESIDENTIAL PROOF MUST BE SUBMITTED

Signature

**FORM OF RECEIPT FOR THE SURRENDER VALUE OF**

POLICY No. .... on the Life / Lives of .....  
for Rs. ....(S.A.) dated .....

I / We .....do hereby  
acknowledge receipt from Life Insurance Corporation of India for the sum of Rs. .... (Rupees in words  
.....only)  
being the Surrender Value including Cash Value of Bonus of the above mentioned policy which is herewith delivered  
unto the said Corporation to be cancelled. In witness where the presents are subscribed by me / us at .....  
on the ..... day of ..... 20. (Name of place)

(Date) (Month)

Surrender Value (Inclusive of Cash Value of)

Bonus A/c Code 112551/ 112558

ADD :

Accident Benefit Premium	Rs.	_____
Occupation Extra Premium	Rs.	_____
Sex Extra Premium	Rs.	_____



LESS : \_\_\_\_\_ Total

Loan A/c Code 111651

Interest thereon

A/c Code 3863

Others (Specify) Rs. \_\_\_\_\_ Rs. \_\_\_\_\_

Total amount of deduction \_\_\_\_\_

**English - Knowing Witness :**

Signature : .....

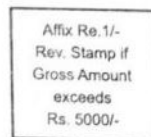
Full Name : .....

Occupation : .....

Address : .....

Mobile No. : .....

(If illiterate details of witness given under specimen signature over leaf.)



Signature of Policy Holder  
Signature of Assignee(s)

**DECLARATION**

I/We hereby declare that I / We have not assigned the above Life Insurance Policy to anyone nor I / We dealt with the same in any manner, except for any assignment / reassignment already registered as on date by the Life Insurance Corporation of India or the Insurer who issued the above Policy, upon due notice. I / We hereby further declare that I / We have not served on any office of the Life Insurance Corporation of India any other or further notice of assignment or reassignment in respect of the above Policy nor shall I / We serve on any Office of the said Corporation any notice of assignment or reassignment before payment of the Loan / Surrender Value / Survival Benefit.

Address : .....

Signature of Assured : .....

.....

Signature of Assignees : .....

.....

Name of Assured.....

Mobile No. ....

**Annexure I  
Retention of Insurance Cover**

**Questionnaire to be submitted by the Policyholder with Surrender Application / Discharge Form.**

Policy No. : \_\_\_\_\_ Name of Policyholder : \_\_\_\_\_

Question No.	Question	Options
1	Reasons for Surrender of the LIC policy	1. Urgent Financial need 2. Not satisfied with terms and conditions of the plan 3. Not satisfied with service 4. Any other reason _____
2	Are you aware that Surrender of policy shall result into loss of Life Cover?	Yes / No
3	Are you aware that Surrender of policy may be financially disadvantageous?	Yes / No
4	Are you aware of the approximate Surrender Value for your policy?	Rs. _____ Signature of Policyholder _____

I hereby declare that I have understood the various aspects of Surrender of my policy and I am signing the discharge form after understanding the same.

Name of the Policyholder: \_\_\_\_\_ Signature of the Policyholder : \_\_\_\_\_

**Annexure II  
EXIT INTERVIEW**

Date :

**Certificate of Exit Interview conducted at Branch Office / Divisional Office**

Policy No. : \_\_\_\_\_ Name of Policyholder : \_\_\_\_\_ Date of Request for Surrender : \_\_\_\_\_

Question No.	Question	Exit interview undertaken by Branch Official
1.	Reasons for Surrender of the policy	1. Urgent Financial need 2. Not satisfied with terms and conditions of the plan 3. Not satisfied with service 4. Any other reason _____
2.	Is the Policyholder aware that Surrender of LIC policy may incur a loss of life cover?	YES/NO
3.	Is the Policyholder aware that Surrender of LIC policy may be financially disadvantageous?	YES/NO
4.	Is the Policyholder aware of the approximate Surrender Value?	YES/NO SV Amount Rs. _____ /-

I hereby declare that I have conducted the Exit Interview (Personally / over Telephone) at \_\_\_\_\_ (Place), on \_\_\_\_\_ (date), at \_\_\_\_\_ hrs.

Signature of the official who conducted the Exit Interview : \_\_\_\_\_

Name of the Official who conducted the Exit Interview : \_\_\_\_\_

SR Number : \_\_\_\_\_ Cadre \_\_\_\_\_

Branch / Divisional Office : \_\_\_\_\_

**FORM FOR SPECIMEN SIGNATURE**

Policy No. .... Specimen Signature of Shri / Smt. ....

1.  \_\_\_\_\_

3.  \_\_\_\_\_

2.  \_\_\_\_\_

4.  \_\_\_\_\_

Office seal or Rubber Stamp

**WITNESS :**

Attested by \_\_\_\_\_

(Signature)

**WITNESS :**

Full Name \_\_\_\_\_

Designation \_\_\_\_\_

Address \_\_\_\_\_

Place \_\_\_\_\_

Date \_\_\_\_\_

If the receipt is signed by more than one person and payment is desired to be made to only one of them, then a Letter of Authority as under must be completed and signed by all of them except the authorised person before a witness. The letter of Authority will also be required if payment is to be made to any person other than the party signed the Receipt.

**NOTE OF AUTHORITY**

(Applicable in case of minor life / Joint life policies)

I / We hereby authorise and request the Life Insurance Corporation of India to pay the above mentioned amount of Rs. \_\_\_\_\_ (Rupees) \_\_\_\_\_ to \_\_\_\_\_

(Name of the Authorised Persons)

English knowing witness :

Signature \_\_\_\_\_

1. \_\_\_\_\_

Full Name \_\_\_\_\_

2. \_\_\_\_\_

Occupation \_\_\_\_\_

3. \_\_\_\_\_

Address \_\_\_\_\_

Mobile No. : \_\_\_\_\_

Signature of Policy Holder

Signature of Assignee(s)

I hereby certify that the contents of Application for Surrender Value, Discharge for Surrender Value, Retention of Insurance Cover have been translated and explained by me to \_\_\_\_\_ and I further declare that he / she has affixed his / her signature / thumb impression after fully understanding the same.

Name, Designation and Address

Signature of the Declarant



**LIFE INSURANCE CORPORATION OF INDIA**  
**NATIONAL ELECTRONIC FUNDS TRANSFER - MANDATE FORM**

To  
**LIFE INSURANCE CORPORATION OF INDIA**

Branch :- \_\_\_\_\_

Sub : **Receipt of policy payment through NEFT**

I am giving below the details of my Bank account for receiving policy payment through NEFT.

(1) Policy No/s

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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Name of Policy holder /claimant : \_\_\_\_\_

(2) Bank Name : \_\_\_\_\_

(3) Bank Branch Address : \_\_\_\_\_

(4) Account Type: Savings/ Current/ Cash Credit / NRI \_\_\_\_\_

(5) Account No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Bank account number should be written from left to right)

(6) IFS Code :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(7) Mobile number :

+	9	1																	
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(8) E-Mail Id : \_\_\_\_\_

(9) Are you willing to receive SMS / E-mail, on matters related to your LIC policies.\* :

Yes	No
-----	----

I have enclosed the following document to this effect. (Please ✓ appropriate item)

- A. Cancelled cheque leaf
- B. Original along with Photo copy of the page of Bank pass book page containing details of Bank accounts number, IFS code etc.,


(Please see instructions overleaf)

Signature of the policy holder \_\_\_\_\_

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

(In case of change in Bank details, please fill this mandate form again and submit the same to Our Branch office)  
\* If your answer to Q no 9 is 'Yes', then we will be able to send you a message when LIC transfers money to your Account through NEFT. This message will contain the UTR (Unique Transaction Reference) number which can be used to make any enquiry regarding the payment.

Neft Instructions .....Overleaf

भारतीय जीवन बीमा निगम  
LIFE INSURANCE CORPORATION OF INDIA

COIMBATORE DIVISION

APPLICATION FOR LOAN / FURTHER LOAN

Name & Address of the Policy Holder

NEFT DETAILS

POLICY NUMBERS

To  
LIC of India  
Branch Office .....

Bank Name : .....  
Bank Branch Address : .....  
Account Type : Savings/Current/Cash credit / NRI  
Account No. : .....  
IFS Code : .....  
Mobile No. ....  
E-mail ID : .....  
Encl : Cancelled cheque leaf/ First page of Bank pass book

1) .....  
2) .....  
3) .....  
4) .....  
5) .....  
6) .....  
7) .....

Policy No. ....

Dear Sir,

Please grant me an advance of Rs. .... or **MAXIMUM** available by way of First / Further loan against the above policy on which I agree to pay interest @ 9.5% \* per annum compounding Half yearly. I am aware of the terms and conditions on which the loan will be advanced, I am also aware that the said terms and conditions will be those as contained in the clause headed "Loan" appearing in the conditions and privileges printed in the policy. I request you to credit the eligible loan amount to the Bank Account furnished above.

Yours faithfully

Signature of the Policy holder

\* Subject to changes.

RECEIPT FOR THE LOAN ADVANCE

I, \_\_\_\_\_ do hereby acknowledge receipt of an amount of Rs \_\_\_\_\_ (in words) paid to me by the Life Insurance Corporation of India as an advance against the policy No. \_\_\_\_\_

Place :

Date :

Rs. 1/-  
Revenue  
Stamp if  
amount  
exceeds  
Rs.5000/-

Signature of the policy holder

கடன் தொகைக்கான ரசீது

ஆகிய நான், எனது பாலிசியின் மீது ரூ. \_\_\_\_\_ இன்ஷூரன்ஸ் கார்ப்பொரேசன் ஆப் இந்தியா வழங்கிய கடன் தொகையான ரூபாய் \_\_\_\_\_ மட்டும் பெற்றுக்கொண்டதற்கு இதன் மூலம் ஒப்புக்கொள்கிறேன். பாலிசி எண். \_\_\_\_\_

ரூ.5000/-க்கு  
மேல் இருப்பின்  
ரூ.1 வருவாய்  
விலக்கை  
ஒட்டவும்

பாலிசிதாரர் கையொப்பம்

For Office use only

Loan Rs. \_\_\_\_\_ Settled on \_\_\_\_\_ Total Loan \_\_\_\_\_

IN ORDER  
INITIALS

Assignment of the Policy in favour of the Corporation  
for the purpose of loan against policy

Form No. 5198

I, the undersigned..... (full name) the life assured under the within Policy of Assurance No. ....do hereby Assign and Transfer all right, title and interest in the within policy of Assurance and the money thereby secured and all the benefits thereto, to the Life Insurance Corporation of India, their successors and assigns absolutely for value received and which may be received hereafter.  
Dated at ..... this..... day of ..... 20.....

Witness

Name :

Designation &

Address

Signature of the Assured

Dear Sir,

Loan Under Policy No. ....

With reference to my application dated..... for a loan under the above policy which has been issued under..... plan, I hereby agree that in the event of a claim arising under the above mentioned policy which may either be periodical survival benefit, maturity claim or a death claim, the Corporation may adjust the instalment sum assured then payable towards repayment of the accrued interest and loan outstanding, if any. However if any balance of the aforesaid instalment of sum assured is left over after the entire accrued interest and loan outstanding is liquidated by such adjustment, such balance should be payable to me or to my nominee. Sri/Smt. .... after my death, as case may be.

Yours faithfully,

Signature (LA)

FORM OF LETTER OF AGREEMENT (Educational Annuity Policy) Form No.5214

Dear Sir,

With reference to my application for Loan of Rs. .... under the above policy which provides for payment of Policy moneys by annuity instalments on expiry of term of years selected, I hereby agree that on expiry of the term of years selected, The Corporation may immediately call for repayment of the loan with interest thereon giving the person entitled to the Policy moneys, however, the option to have the loan and interest due repaid in cash or to have the benefits reduced to such an extent as would be necessary for liquidation of the loan, provided a reduced annuity of not less than Rs.100 a year is hereby secured and provided further that the amount to be so repaid by instalments under the aforesaid policy together is not less than Rs.100.

Yours faithfully

Signature of the Life assured / Assignee/s

Form of letter of agreement (loan under minor lives policies)

Form No.3599 C

Dear Sir,

Re : Loan under Pol No. ....

With reference to my application dt. .... For a loan under the above policy which has been issued under..... plan, I hereby agree that in the event of a claim arising under the above mentioned policy which may either by maturity claim or a death claim, the corporation may adjust the instalment of sum assured then payable towards repayment of the accrued interest and outstanding loan. However, if any balance of the aforesaid instalment of sum assured is left over after the entire accrued interest and loan outstanding is liquidated by such adjustment, such balance should be payable to me or to the legal heirs after my death, as the case may be. I further agree that I shall utilize the money thereby received for the benefit of the minor or his/her estate.

Yours faithfully,

(Signature of proposer) / Name

NOTE OF AUTHORITY

If the within receipt is signed by more than one person and payment is desired to be made to one of the Signatories or to the Bank, the following Note of Authority should be completed and signed by all of them.

I / We hereby authorised the Life Insurance Corporation of India to pay the within mentioned loan amount of / out of within mentioned loan a sum of Rs. .... to .....

Place : .....

Date : .....

Signature (s)

ATTESTATION OF SPECIMEN SIGNATURE

Cbe - 223

Policy No.

This is to certify that I know personally Sri / Ms. .... S/o, D/o. .... residing at ..... and that he/she has signed in my presence.

SPECIMEN SIGNATURE

1 2
3 4

Official Seal or Rubber Stamp

Attested by .....

Full Name .....(Signature).....

Designation .....

Address .....

Place .....

Date .....

Note : The specimen Signature is to be attested by any one of the following persons : 1) an Advocate 2) an Agent of the Corporation (who is a member of the Club at the level of Divisional Manager's Club and above) 3) A Bank Manager 4) A Block Development Officer 5) A Commissioner of Oaths 6) A Doctor 7) A Gazetted Officer 8) A Headmaster of a High School 9) A Head Postmaster or Department Sub-Postmaster (but not a Branch Postmaster) 10) A Magistrate 11) an Officer of Development officer of atleast 3 years standing or confirmed Development Officer recruited from Agents / who were D.M. or B.M. Club Member before joining or development officers recruited from Agents who wore Z.M. or Chairman's Club member before joining the Corporation, or 12) President of Village Panchayat or Local Board.

DECLARATION TO BE COMPLETED WHEN BORROWER/S CANNOT READ ENGLISH

I hereby certify that the contents of Application for Loan Assignment form, special declaration the Receipt for loan advance has been translated and explained by me to..... and I further declare that he/she they has/have affixed his signature / left thumb impression after fully understanding the same.

Name, Designation and Address

Signature of the Declarant





The Chief/Sr/Branch Manager,  
LIC of India,

Sir/Madam,

**Re: Reinvestment of MATURITY / ULIP SURRENDER for NB Proposal Deposit**

I wish to reinvest from the proceeds of Maturity of Policy / ULIP Surrender under my Policy No. \_\_\_\_\_, the Amount of Rs. \_\_\_\_\_  
(Rs. \_\_\_\_\_)

towards NEW PROPOSAL on the Life of \_\_\_\_\_  
(Name of the person on whose life new insurance is proposed) relation to self  
\_\_\_\_\_ (Wife / Husband / Son / Daughter).

I hereby confirm that I have been educated in respect of reinvestment of proceeds of Maturity / ULIP Surrender and have given my consent for the same.

Yours faithfully,

Signature of Life Assured  
Date:

**Certification of Branch Official:**

Life assured has been educated about the reinvestment of proceeds of Maturity / ULIP Surrender towards Proposal Deposit and He / She has given consent for the same after understanding the concept.

Signature & Seal of the Branch Official  
Date:



भारतीय जीवन बीमा निगम  
Life Insurance Corporation of India

(Form No.3750)

(Established by the Life Insurance Corporation Act, 1956)  
**FORM OF NOTICE OF CHANGE OF NOMINATION**

Address: .....  
.....  
.....

Dear Sir, Re: Policy No.....

I hereby give you notice that I have now nominated..... as the person to whom the moneys secured by the above Policy shall be paid in the event of my death, vide endorsement on the enclosed Policy / \*enclosed Will, in lieu of ..... Named in the text of the above Policy/\* endorsement dated..... on the above Policy.

Yours Faithfully,

Encl: As above

(Signature of Life Assured)

\* Strike out the words not applicable.

**FORM OF NOTICE OF CHANGE OF NOMINATION**  
(For instructions Re: Execution of a Change of Nomination, see instructions)

I, \_\_\_\_\_  
hereby nominate my\* \_\_\_\_\_  
aged \_\_\_\_\_ years and whose address is \_\_\_\_\_

to be the person to whom the moneys secured by the within Policy shall be paid in the event of my death in lieu of \_\_\_\_\_ named in the text of the within Policy/ \*endorsement on the within Policy dated at \_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

(Place) (Date) (Month)  
Dated at \_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Witness:

\_\_\_\_\_  
(Signature of Witness in English)

Full Name:

Designation:

Address:

\* Strike out the words not applicable.

\_\_\_\_\_  
(Signature of Life Assured)

\* Certified that the contents of the Change of Nomination were explained by me to the Assured ..... in Vernacular and that he affixed his signature/ thumb impression thereto in my presence, after thoroughly understanding the same".

(Signature of Witness)

(Seal)

@ here mention relationship and full name of the nominee you wish to appoint now.

\* Strike out the words not applicable.

(See Instructions!)

(P.T.O)

**LIC****LIC OF INDIA**

Annuity No. \_\_\_\_\_

भारतीय जीवन बीमा निगम  
LIFE INSURANCE CORPORATION OF INDIA

Name of the Annuitant: \_\_\_\_\_

## CERTIFICATE OF EXISTENCE

(The below mentioned Form should be signed on or after \_\_\_\_\_ by the Annuitant and ATTESTED by any of the following: Bank Branch Manager/Gazetted Officer/Registered Medical Practitioner/Post Master/ School/College Principal/Class-I Officer of any Government, Semi Govt. / Quasi Govt./Govt. Undertaking, Public Sector Undertaking/LIC Officer / LIC Development Officer/LIC Agent DM's Club & above (STAMPED ALONGWITH THEIR REGISTRATION NOS./CODE NOS./AGENCY NOS.)

" I \_\_\_\_\_, hereby certify that

Shri/Smt \_\_\_\_\_ S/D/W of \_\_\_\_\_

personally appeared before me on \_\_\_\_\_ and has signed in my presence and his/her signature is attested below. I am fully satisfied about his/her identity".

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Signature of the Annuitant \_\_\_\_\_

Address :(Same/New) \_\_\_\_\_

Annuitant's Email ID: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Counter signature of Certifying Authority \_\_\_\_\_

(Stamped) Designation \_\_\_\_\_

Address \_\_\_\_\_

The mandatory requirement of EXISTENCE CERTIFICATE after Vesting as per Options is : Annuity with ROC option: Once every 5 years. Annuity Certain: Yearly (after completion of Certain Period) Other options : Yearly



# भारतीय जीवन बीमा निगम LIFE INSURANCE CORPORATION OF INDIA

COIMBATORE DIVISION

## ATTESTATION OF SPECIMEN SIGNATURE

Policy No. .... Mobile No. ....

This is to certify that I know personally Sri / Ms. ....

S/o./ D/o. ....residing at

and that he / she has signed in my presence.

## SPECIMEN SIGNATURE

1

2

3

4

Official Seal or Rubber Stamp

Attested by.....

Full Name..... (Signature).....

Place .....

Designation .....

Date .....

Address.....

Note : The specimen Signature is to be attested by any one of the following persons : 1) an Advocate 2) an Agent of the Corporation (who is a member of the Club the level of Divisional Manager's Club and above) 3) A Bank Manager 4) Galaxy Club Member 5) A Commissioner of Oaths 6) A Doctor 7) A Gazetted Officer 8) A Headmaster of a High School 9) A Head Postmaster or Department Sub-Postmaster (but not a Branch Postmaster) 10) A Magistrate 11) Development officer of atleast 3 years standing or confirmed Development Officer recruited from Agents / who were D.M. or B.M. Club Member before joining or development officers recruited from Agents who were Z.M. or Chairman's Club member before joining the Corporation, or 12) President of Village Panchayat or Local Board.



**भारतीय जीवन बीमा निगम**  
LIFE INSURANCE CORPORATION OF INDIA

COIMBATORE DIVISION

**ATTESTATION OF SPECIMEN SIGNATURE**

Policy No. .... Mobile No. ....

This is to certify that I know personally Sri / Ms. ....  
S/o, / D/o. .... residing at

and that he / she has signed in my presence.

**SPECIMEN SIGNATURE**

1 ..... 2 .....  
3 ..... 4 .....

Official Seal or Rubber Stamp ..... Attested by.....  
Full Name..... (Signature).....  
Place ..... Designation .....  
Date ..... Address.....

Note : The specimen Signature is to be attested by any one of the following persons : 1) an Advocate 2) an Agent of the Corporation (who is a member of the Club the level of Divisional Manager's Club and above) 3) A Bank Manager 4) Galaxy Club Member 5) A Commissioner of Oaths 6) A Doctor 7) A Gazetted Officer 8) A Headmaster of a High School 9) A Head Postmaster or Department Sub-Pos master (but not a Branch Postmaster) 10) A Magistrate 11) Development officer of atleast 3 years standing or confirmed Development Officer recruited from Agents / who were D.M. or B.M. Club Member before joining or development officers recruited from Agents who were Z.M. or Chairman's Club member before joining the Corporation, or 12) President of Village Panchayat or Local Board



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வாழ்வுக்கால பயன் / பாலிசி முதிர்வு உரிமத் தீர்வு

INT. No.

ஏற்பு படிவம்

பாலிசி எண் / Policy No.

நாள் / Date

Discharge of

Life of

வழங்கற்குரிய நாள் / Mty / SB Due on

I/We

Mobile / Phone No. :

அலைபேசி / தொலைபேசி எண் :

முன்மொழிந்தவர் / காப்பீட்டுக்குரியவர் / உரிமை மாற்றத்திற்குரியவர் / அறங்காவலர் என்ற தகுதியில் நான் / நாங்கள் மேற்கண்ட பாலிசியின் கீழ் அமைந்த ஒப்பந்த விதிமுறைகளின்படி என்னுடைய / எங்களுடைய எல்லாவிதமான உரிமைகளும் கோரிக்கைகளும் முழுமையாக நிறைவு செய்யப்பட்ட நிலையில் பின்வருமாறு வழங்கப்படும் தொகையாகிய ரூபாய் \_\_\_\_\_ யினை லைப் இன்ஷூரன்ஸ் கார்ப்பொரேஷனிடமிருந்து பெற்றுக் கொண்டேன் / பெற்றுக்கொண்டேன் என்பதற்கான ஏற்புக் கடிதமாகிய இதனை அளிக்கிறேன்.

Life assured / assignee(s) / Trustee do hereby acknowledge receipt from the Life Insurance Corporation of India a sum of Rupees

the gross amount of claim in full and final satisfaction as my/our claims and demands in respect of the following payment under the above policy in terms of the policy contract.

Policy is hereby delivered to the said Corporation for cancellation / endorsement.

ஒப்பந்தத்தை நீக்குவதற்கு மேற்குறிப்பு இடுவதற்கு பாலிசிப் பத்திரத்தையும் இதனுடன் அனுப்புகிறேன் / அனுப்புகிறோம்.

I/We hereby declare that I/We have not served on any Office of the Life Insurance Corporation of India any notice of assignment or reassignment in respect of the above Policy except those, if any, already registered by the Life Insurance Corporation of India, or the insurer who issued the above Policy nor shall I/We serve on any office of the said Corporation, any notice of assignment or reassignment before payment of the Survival benefit இந்த ரசீதில் ஒரு ரூபாய் ரெவினியூ ஸ்டாம்பு ஒட்டி கையொப்பமிட்டு உடனடியாக எமது கிளைக்கு அனுப்பி வைக்கவும். NEFT (தேசிய மின்னணு பணப்பரிவர்த்தனை) படிவங்கள் அனுப்பி வைத்தால் உரிய தினத்தன்று தங்களது வங்கிக்கணக்கில் வரவு வைக்கப்படும். மேலும் தகவல்களுக்கு கிளை அலுவலகத்தை தொடர்பு கொள்ளவும் அல்லது Call Center 022 6827 6827-ஐ தொடர்பு கொள்ளவும்.

கையொப்பமிட்ட இடம் \_\_\_\_\_ நாள் \_\_\_\_\_ மாதம் \_\_\_\_\_ ஆண்டு

Dated at.....this.....day of.....Year.....

Signed by Shri/Smt.....

in the presence of (என் முன்னிலையில்)

சாட்சி கையொப்பம்

Signature of Witness.....

Particulars of Witness

முழுப்பெயர்

Full Name.....

தொழில்

Designation.....

முகவரி

Address.....

1 ரூ.  
ரெவினியூ  
ஸ்டாம்பு  
ரூ. 5000/-க்கு  
மேல்

தற்போதைய முழு முகவரி  
(Present Address)

கையொப்பம்  
(Signature of the Claimant/s  
in full in English/Vernacular)



# LIFE INSURANCE CORPORATION OF INDIA

COIMBATORE DIVISION ..... BRANCH

## LOSS OF POLICY QUERY FORM

(TO BE COMPLETED BY THE LIFE ASSURED / PROPOSER / CLAIMANT UNDER A POLICY WHERE DUPLICATE POLICY IS TO BE ISSUED OR DEATH CLAIM / MATURITY CLAIM / SURRENDER VALUE IS GOING TO BE SETTLED WHERE ORIGINAL POLICY BOND IS LOST / MISPLACED)

Policy Number : ..... Name of life assured .....

- 1) Under what circumstances the policy was misplaced or lost?
- 2) What efforts have been made to trace out the policy?
- 3) Have you assigned the policy to any person, Bank, Institution etc. or dealt with the policy in any other way? If so, give particulars thereof
- 4) Did you / proposer claim cash option / surrender value or loan under this policy earlier?
- 5) I enclose last letter / receipt received by me from Life Insurance Corporation of India (If any)

I hereby declare that the above Information is true to my knowledge and request Life Insurance Corporation of India to issue Duplicate Policy or settle the claim / surrender value without original policy document. I am ready to execute Indemnity bond duly notarized and also ready to complete other requirements.

Dated at ..... this ..... day of ..... 20

Witness :

Signature of life assured / Proposer / Claimant

Signature :

Full name \_\_\_\_\_

Name : \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation : \_\_\_\_\_

Address \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\* (If the person signs above query form in vernacular or affixes his / her thumb impression, the witness should also certify that the contents of this form is explained to the declarant in vernacular and he / she affixed his / her signature / thumb impression hereto after fully understanding the same.

\* This declaration must be completed before the authorities who are allowed in settlement of death claim discharge from no 3001.

\* Declaration may be obtained in regional language, but in case of dispute in respect of interpretation of the contents, English version shall stand valid.

LIFE INSURANCE CORPORATION OF INDIA

(To be stamped with Rs. ....at the Stamp Officer or Collector's Office BEFORE EXECUTION, or to be copied out on a non judicial Stamped Paper of equal value.)

TO ALL TO WHOM these presents shall come

.....

(Full Name and addresses of Policy holder, Assignee and Surety)

inhabitants send Greetings WHEREAS a Policy of Insurance Numbered ..... for Rs. .... was granted on ..... by the LIFE INSURANCE CORPORATION OF INDIA (herein after referred to as the Corporation) on the life of ..... AND WHEREAS the said Policy No. .... which was in the possession of.....

..... has been lost or misplaced. AND WHEREAS the said Corporation has on the said ..... (Name of Policy holder, Assignee and Surety)

undertaking to enter into with the said Corporation a Covenant of the nature hereinafter appearing agreed to issue to him the said..... (Name of Policy holders, Assignees and surety)

the duplicate of the said Policy No. .... NOW KNOW YE AND THESE PRESENTS WITNESS that in pursuance of the said agreement and in consideration of the said Corporation having at or before the execution of these presents agreed to issue the duplicate of the said Policy No. .... to the said ..... (Name of Policy holder)

do hereby for themselves, their heirs, executors or administrators Covenant with the said/ Corporation, its successors and assigns that they said ..... (Name of Policy holder, Assignee and Surety)

their heirs, executors or administrators will from time to time and to all times save and keep harmless and indemnified the said Corporation its successors, and assigns of and from all actions, suits, costs claims and demands of whatever nature and kind so ever which may be instituted, preferred, claimed or made against the said Corporation its successors or assigns by any persons or persons by reasons of his, her or their possession of or right to the said original Policy/ies No. .... and by reasons of any thing in relation to the premises.

IN WITNESS WHERE OF the said .....  
(Name of Policy holder Assignee and Surety)

..... have here unto put their hands

at ..... this ..... day of ..... 200 .....

Signed & delivered by the said

1) .....  
(Name of Policy holder)

2) .....  
(Name of Assignee)

3) .....  
(Name of Surety)

In the presence of :  
WITNESSES :

Full signature of Witness.....

Name .....

Designation .....

Address .....

Full signature of Witness.....

Name .....

Designation .....

Address .....

1) .....  
(Policy holder's Signature)

2) .....  
(Assignee's Signature)

3) Full signature of Witness.....

Name .....

Designation .....

Address .....

Note : It this Bond is signed in any Regional Language one of the a testing witness should be requested to certify that the confects of this Bond were explained to the party in the Regional Language before excursion.