Policy Number:

BAJAJ LIFE
LIFE GOALS. DONE.

Application Form for Settlement of Final Payment

This is a system generated form and does not mean acknowledgement/ receipt for the service request. Customers are requested to obtain an acknowledgement on the submission of this form.
Bajaj Life Insurance Policy

INSTRUCTIONS FOR FILLING UP THE FORM:-

1. This form is to be filled by the Policy Holder himself/herself in BLOCK LETTERS in Blue Ink
2. Please tick a box thus where appropriate
3. Form filling person must affix his/her signature for any cancellation/correction/alteration
4. Form filling person must affix his/her signature on each page / side of the form

DOCUMENTS REQUIRED:

1. KYC Documents of Policy Holder/Witness

Please remember to collect Acknowledgment letter on submission of this form.

Policy Related Details

In compliance of the provisions relating to deduction of tax at source under section 194 DA of Income Tax Act, 1961 as introduced by Finance Act, 2014, any payment (except payment exempted u/s 194DA) made by Bajaj Life Insurance Limited shall be subject to deduction of applicable TDS. In absence of PAN details, TDS would be deducted @ 20% instead of 1% in case where PAN is provided. TDS once deducted shall not be refunded. Please update your PAN immediately.
Kindly ignore if PAN details already provided.
For further details, please consult your Income Tax advisor/consultant.
To
Bajaj Life Insurance Limited
I/we _____ the policy holder wish to apply for settlement option of maturity benefit in above mentioned policy number. Please credit my Maturity Payout amount in equal installments in below mentioned bank account as per the below selected options.
Years 1____ 2____ 3____ 4____ 5____
Installments Monthly____ Quarterly____ Half Yearly____ Yearly____
Enclosures Photo ID Proof ____Address Proof ____Copy of PAN Card____

Electronic Payment Mandate

This mandate is a standing instruction to Bajaj Life Insurance Limited to transfer the amount to be paid to the policyholder electronically into his bank account.
Electronic Payment Fund Transfer will be applicable to Surrenders, Partial Withdrawal, Cancellation of Proposal, Annuity, Loans Survival Benefits and Maturity.
Bank Name: _____
Branch Name:_____
Bank Account No.:_____ Account Type: Savings_____ Current_____
IFSC _____ MICR Code _____
The payout mode selected in the form will be used by company to generate any payouts to the policy older (Claimant). Payouts would be done in accordance and subject to terms and conditions of the policy.
Note: Cancelled copy of Cheque/Bank Statement/Bank Passbook copy not more than six months old as on date to be submitted along with Electronic Payout Request.

LIFE GOALS. DONE.

Place : _____ Date : _____

Thumb Impression/Signature of the Policy Holder / Assignee

Name: _____

Address: _____

Thumb Impression/Signature of the Policy

Experience a Virtual Branch at the comfort of your home. Login to www.bajajlifeinsurance.com for accessing Bajaj Life Insurance App, our customer portal to address all your policy servicing needs.
Assuring you of our best services for all your life goal needs.

Bajaj Life Insurance Limited (Formerly known as Bajaj Allianz Life Insurance Company Limited)
Regd. Office Address: Bajaj Insurance House, Airport Road, Yerawada, Pune – 411006, IRDAI Reg.No.: 116 | CIN: U66010PN2001PLC015959 | Mail us: customercare@bajajlife.com | Call on: Customer Care Number: 020 6712 1212 | Visit: www.bajajlifeinsurance.com | The Logo of Bajaj Life Insurance Limited is provided on the basis of license given by Bajaj Finserv Ltd. to use its "Bajaj" Logo.