BAJAJ LIFE

LIFE GOALS. DONE.

Maturity Discharge Form

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.

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. Please strike out parts, which are not applicable and write 'N.A.'. Strokes of the pen, dots and dashes will not be accepted as replies.
4. Form filling person must affix his/her signature for any cancellation/correction/alteration.
5. Form filling person must affix his/her signature on each page / side of the form.

DOCUMENTS REQUIRED

1. KYC documents of Policy holder & Witness

Residential Status

INDIAN NRI

Bajaj Life Insurance Policy

Policy Number: _____ Date: _____

Life Assured's Name: _____

Policy Holder's Name: _____

Contact No. (Mobile): _____ Contact No. (Tel): _____

Email: _____

PAN Number: _____

Tax will be deducted under section 194DA of the Income Tax Act, 1961 subject to conditions as mentioned in Section 10(10D) of Income Tax Act,1961. If PAN is updated in system, TDS will be deducted @ 5% on income from policy. In the absence of PAN, TDS will be deducted @ 20% on income from policy. TDS once deducted will not be refunded.

Please update your PAN in system so that TDS certificate can be issued. In the absence of PAN, TDS certificate cannot be issued.

Please consult your Income Tax advisor/consultant for tax treatment under Income Tax Act,1961.

For NRI customers TDS shall be deducted under section 195 of Income Tax Act,1961 at applicable rates. GST is applicable w.e.f 01-July-2017.

Approx Maturity Payable Traditional Product: _____ (In words)

Total Number of Units	Total Fund Value	As on Date

Please complete this form and send it together with the following documents

☐ The original Policy document ☐ Annuity form with copy of PAN card, if applicable ☐ Cancelled cheque/ ECS form/Bank statement (If name & account no of P.H not printed on cheque.)

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 holder(Claimant). Payouts would be done in accordance and subject to terms and conditions of the polic Note:Cancelled copy of Cheque/BanK Statement/Bank Passbook copy not more than months old as on date to be submitted along with Electronic Payout Request.

The latest provided bank account details will be updated for all your existing policies at Bajaj Life Insurance Limited and all your future transactions will be through this account unless changed. All previous bank accounts will be deactivated.

₹ 1 Revenue

PH Name: _____

Place: _____

Date: _____

Thumb Impression/ Signature of the Claimant / Policy Holder

Witness Particulars

Name of Witness: _____

Address: _____

Contact No.: _____

Signature of Witness

*Note: Claimant/Policy Holder/Declarant/Witness's KYC documents need to be attached along with this service request form.

Important Message:

- Maturity value payable under ULIP product will be the number of units & NAV (fund value) available on maturity date.
- Payable amount may get changed in traditional products as discharge form printed prior to the maturity date.
- In Pension Product: The life assured may receive in lump sum up to a maximum of 33% of the maturity value as of the maturity date immediately after the date of vesting on the vesting date. The balance amount will be used to purchase from the Company an immediate annuity for the life assured, at the immediate annuity rates of the Company prevailing at that time.
- If there is any Address Change kindly provide full address along with valid address proof.