Policy Number:

BAJAJ LIFE
LIFE GOALS. DONE.

Settlement of Maturity Benefit

Instructions For Filling Up The Form

1. Please answer all questions
2. Please tick a box thus ☐ where appropriate
3. Please strike out parts which are not applicable and write 'N.A.'
4. Stroke of the pen, dots and dashes will not be accepted as replies
5. Form is to be filled by the proposer himself/herself in BLOCK LETTERS in black or blue ink
6. The proposer must sign any cancellation or alteration
7. Insurance is a contract of utmost good faith, which requires the Insurer, proposer and life to be insured to disclose all material facts. In case of any doubt as to whether a fact is material or not, the fact should be disclosed. As the statements in this proposal constitute warranties, complete and accurate information must be given
8. The proposer must sign on each page
9. KYC documents of Policy holder and witness will be required

Policy Related Details

a) Policy Number _____ Date: _____

b) Life Assured's Name _____

c) Policy Holder's Name: _____

d) Mobile _____ e) Alternate No: _____ f) Email: _____

g) PAN No: _____ h) Aadhaar No: _____

To,

Bajaj Life Insurance Limited

I/we _____, the policy holder wish to apply for settlement option of maturity benefit in the 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 _____ Aadhaar No.: _____

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: _____

Account Type: Savings ☐ Current ☐

Bank A/c No.: _____ 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 policy.

Required Documents

- Self-attested cancelled copy of cheque with the name printed on it
- Self-attested printed bank statement
- Printed passbook copy stamped, signed and sealed by the bank branch manager (Not more than 6 months old)

Place : _____ Date : _____

Signature of Claimant / policy holder

Name: _____

Address: _____

Signature of Witness

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%. TDS once deducted shall not be refunded.

Please update your PAN card details immediately.

For further details, please consult your Income Tax advisor/consultant.

Kindly ignore if PAN card details are already provided.

Note: This is a computer-generated letter and does not require a signature.

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.