

**CLAIM FORM FOR SURVIVAL BENEFIT DUE ON ANTICIPATED
ENDOWMENT ASSURANCE POLICY**

(Please fill in the columns in block letters)

1. Policy No. :

Date of Acceptance:

2. Date of Survival Benefit due:

3. Name of Insurant:

Address:

Pin Code:

4. Sum Assured:

5. Designation and address of:

(i) Drawing and Disbursing Officer during last six months:

Designation:

Address:

Pin Code:

(ii) Pay and Accounts Officer:

Designation:

Address:

Pin Code:

6. Name of the Post Office where premia were paid during last six months.

- | | | |
|----|----|----|
| a) | b) | c) |
| d) | e) | f) |

7. Name of Post Office through which payment of maturity value is desired.

[illegible]

8. For payment through cheque, please provide following information about your Post Office/Bank account:-

Account No. :

[illegible]

Name of Post Office/Bank:

[illegible]

Branch Name:

[illegible]

Documents Attached:

- a) Policy Document
b) Premium Receipt Book.
c) Certificate of Pay Disbursing Officer regarding recovery of premia from pay for the last six months.
d) Any other document

Date:

| | | | | | | | |
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|--|--|--|--|--|--|--|--|

Signature of Insurant

Name:

Phone no.:

Office:

Residence:

Mobile no.: