

Claim Intimation Form - Superannuation Plan

Scheme Type:

Name of the Master Policy Holder:

Master Policy No:

I. Common Details

Name of the Employee (As in the data sent to us) Mr./Mrs./Ms.

Emp. Code/ Member Id. Date of Birth:

Date of Joining Service: Date of Exit:

Mode of Exit: Retirement Resignation Death Other

Mandatory Documents to be attached in case the

1. Death Certificate issued by Municipality/ Nagar Parishad Gram Panchayat (Original/ Copy Attached by Trustee/ Employer) claim is due Date

II. Benefits

1. Transfer of the fund to the new employers Superannuation fund*

Name of the Superannuation fund to which fund is to be transferred

*Should be an approved Superannuation fund

2. Purchase of annuity with commutation

Commutation % Tax* %

***Income Tax to be deducted in case exit other than death before normal retirement date.**

Insurer from whom the annuity to be purchased :

Type of Annuity Life Annuity without ROC Life Annuity with ROC

Tax to be deducted %

3. Purchase of annuity without commutation

Insurer from whom the annuity to be purchased :

Type of Annuity Life Annuity without ROC Life Annuity with ROC

4. Return 100% Contribution to the Trust

Mode of Payment (Mandatory to be filled):

We direct IndiaFirst Life Insurance Company Ltd. to process the Superannuation benefits of the above mentioned person as chosen above and make the payment in favour of _____

Mode selected would be used by the company to make payout(s) to the Claimant/ Beneficiary. Payout would be in accordance and subject to the terms and conditions of the policy.

Direct Credit (Bank of Baroda and Andhra Bank only) NEFT / RTGS

Bank name Account number

Branch Type of account IFSC code

MICR code

It is mandatory to provide a cancelled cheque and copy of bank pass book & A/C statement. Disclaimer: The payout mode selected in this form would be used by the company to make all payout(s) to the claimant. Payouts would be in accordance and subject to the terms and condition of the Policy.

I declare and state that the company shall not be responsible for non credit of my bank account for any reason whatsoever or if the credit is delayed. I hereby take the sole responsibility for the correctness of my Bank Account number and other details of this form. I undertake that I will not hold the company responsible in any manner for any transactions affected by the company due to incorrect Bank Account No. Or these details stated by me.

I/We hereby declare that the information provide above is true to the best of my/our knowledge.

Authorized Signatory / Signature of Trustees

Seal of Trust

Instruction:

1. All fields are mandatory.
2. The Claim Form should be sent to the below address:
Claim Department
IndiaFirst Life Insurance Company Ltd.,
12th and 13th Floor, North [C] Wing, Tower 4, Nesco IT Park, Nesco Center,
Western Express Highway, Goregaon (East), Mumbai - 400063.
3. The claim amount will be transferred as to a/c mentioned above under Mode of Payments.
4. For any assistance please contact at 022 39418700 or email to claims.support@indiafirstlife.com
5. IndiaFirst Life Insurance Company Ltd. shall be discharged of all liabilities in relation to the above claim upon receipt of claim amount by the payee mentioned above.