

Claim Department

IndiaFirst Life Insurance Company Ltd.

301, 'B' Wing, TRIL IT - 4, Infinity Park, Dindoshi - Film City Road,
Malad (East), Mumbai - 400 097

- This form is to be filled in by the person legally entitled for the policy Maturity Benefits. (Policy Holder or Nominee in case policy holder has expired)
- Kindly submit the form at nearest IndiaFirst Life Insurance office or at the above mentioned address.
- Kindly write in Capital Letters.

Policy No:

Documents to be submitted along with this form

1. Original Policy Document (s)
2. Copy of Pan Card of Policy Holder
3. If there is a change in mailing address- kindly attach address proof-
4. Cancelled cheque bearing account number and Policyholder name or Copy of Bank Passbook
5. NRI Declaration (for NRI)

Personal Information about the Policyholder-Mandatory

Name of Policyholder:

Contact No - Residence (STD code): Mobile No:

Do you have a PAN CARD: Yes No PAN no:

Nationality: Indian NRI

Do you want to avail settlement option : Yes No

If yes, Frequency: Six Monthly Yearly Duration of settlement period (in years): 1 Year 2 Years 3 Years 4 Years 5 Years

Complete Address:

State: Pin code:

Email Id:

Bank Details of the Policyholder- Mandatory

Bank Name :

Bank Account No : Type of Account : Saving Current Other

IFSC Code : MICR Code :

Declaration and Authorization by Policyholder

- a) I, the above named Policyholder do hereby confirm that the above said information including Bank details are true and correct and I shall not hold Company responsible in any manner for any transaction effected by the Company due to incorrect bank account number or other details as provided by me.
- b) I understand that for unit linked insurance policies, maturity value of the policy will depend on the Fund Value as on the Date of Maturity; if holiday, NAV as of next working day will be applicable.
- c) The Maturity benefit paid by the Company in my Bank Account shall constitute full and final discharge of all the amounts due and payable under the above numbered /policy towards the Company on my behalf.
- d) Any person who knowingly files a claim containing false or misleading information, or who conceals information with intent to defraud or mislead the Company or other person, may be guilty of fraud or subject to other criminal and/or civil penalties as the case may be under the applicable law(s) of the State
- e) The maturity pay-outs against insurance policy are subject to TDS as per Section 194DA of Income Tax Act, for Non-Compliant Life Plans, TDS @ 1% where valid PAN is available or 20% in case of non-availability or invalid PAN No. (Applicable to Indian Resident) I hereby declare that the maturity pay-outs against insurance policy for Non-Compliant Life Plans are subject to TDS @ 31.20% as per Section 195 of Income Tax Act based on the information provided in NRI declaration form. (Applicable to NRI).

I hereby declare that I agree to all the aforementioned conditions

Signature of the Policyholder/OTP Verified :

Place :

Date:

Declaration For Signing In Vernacular Or For Uneducated Persons

1. Vernacular Declaration by the person filling in the form (In case form is filled up / signed in a language different from that of the Proposal Form)
"I hereby declare that I have fully explained the above questions to the proposer and I have truthfully recorded the answers given by the proposer."

Name of the Declarant: _____ Signature: _____

Address of the Declarant: _____

"I certify that the contents of the form and documents have been fully explained to me by (Name, Designation, and occupation) Mr. / Mrs.: _____ and I have understood the significance of the proposed contract.

Signature or thumb impression of the person whose life is proposed to be assured :

2. In case the Proposer is illiterate, his/her thumb impression should be attested by a person of standing whose identity can easily be established, but unconnected with the insurer and this declaration should be made by him.
"I hereby declare that I have fully explained the above questions and contents of the proposal form to the proposer in _____ language, and that the proposer has affixed the thumb impression above after fully understanding the contents thereof."

Name of the Declarant: _____ Signature: _____

Address of the Declarant: _____