

## WITHOUT PREJUDICE

## **Death Claim Discharge Voucher cum authorization (Multiple Nominee)**

Discharge of Death Claim under Policy No.							Da	ate:	D	D N	1 M	Υ	YY	Y
On the life of Late														
We (1)	_ (2)				_, (3) _							the i	nomine	ee (s)
/ assignee / legal representatives of the			d life as	sured,	by virt	ue of	the nor	minati	on / a	assigi	nmer	nt / le	gal	
evidence of title dated DDDMM	YYYY	grant	ed to me	e / us b	y the	1 1				dc	here	eby a	cknow	ledge
receipt from SBI Life Insurance Co Ltd (in words)	of the sum of F	Rupees							_					
I / We discharge the company of all my	/ / our claims ar	nd deman	ds unde	r the a	bove i	mentio	oned po	olicy c	n the	e life o	of the	abo	ve	
mentioned person:														
Sum Assured / paid up value														
Accidental death benefit													. L L	L_
Gross claim amount		`						LL		<u> </u>			. L. L	
Net claim amount		`		L_										
Dated at	this	MM	Y   Y	Y	_ da	ıy of								
(Place)		(Date	<del>:</del> )				(Mo	nth)				(Yea	ır)	
In the presence of									Г					
										A 55				
										rever		amp		
										& SIG	gn acr	OSS		
Signature of witness													ints in stamp	
Name of Witness:														
Designation of Witness:					- L L	_		- L L		_	. L I		_	
Address of Witness:					- L L	_		- L L		_	. L I		_	
Address of Williams					-	-		-		_	l			
Note: Acceptance of forms does not an	mount to admiss	ion of cla	aim. In c	ase of	accide	_ ∟ ent be	nefit cla	- └── └ aim, a	— ∟ dmis	_ ∟ sion (	of ba	—∟ sic sι	_∟_∟ ım ass	∟ sured
does not amount to admission of accid								,						
We hereby authorize and request SBI I	Life Insurance (	Co. Ltd. to	pay th	e within	n ment	ioned	amour	nt of ₹	:					
To Shri/Smt. Signed by the parties with														
Witness:					(1	)								
					(2	)								
Signature :					(3	)								
									(Sigi	nature	e in f	ull)		
Name of Witness:					<u> </u>	_		_	L		<u> </u>	_	_	
Designation of Witness:					<u>. L. L</u>		LL	_	L		<u>.</u> []	_	_	
Address of Witness:					<u> </u>	_		<u> </u>	L	_	. [	_	_	
		L_	.LL		.LL	L		_Ll					_L_Ĺ	L

SBI Life Insurance Company Limited: Registered and Corporate Office: Natraj, M.V. Road & Western Express Highway Junction, Andheri(East), Mumbai- 400 069. Tel.: (022) 61910000. Central Processing Center: 7th Level (D-Wing) & 8th Level, Seawoods Grand Central, Tower 2, Plot No. R-1, Sector-40, Seawoods, Nerul Node, Navi Mumbai- 400 706. Tel.: (022) 66456000. IRDAI Registration No. 111. CIN: L99999MH2000PLC129113. Toll Free No. 1800 267 9090 (From 9.00am to 9.00pm). Visit: www.sbilife.co.in E-mail: info@sbilife.co.in