

DEATH CLAIM FORM FOR GRAMEEN SHAKTI

To,
Claims Department
SBI Life Insurance Company Limited,
Central Processing Centre, 7th Level (D Wing), 8th Level,
Seawoods Grand Central Tower II, Plot No.R1, Sector 40, Seawoods,
Nerul Node, Navi Mumbai - 400 706

Dear Sir/Madam,

Claim Form for Death Benefit under Grameen Shakti Insurance Scheme - Master Policy Number _____

We Write to Convey that the under mentioned member was a covered under the group insurance scheme and has expired.

DETAILS OF THE DECEASED MENTIONED MEMBER (Please write in capital letters)

1. Name of the Member Shri/Smt.	:	_____								
2. Date of Joining the Scheme	:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
3. Age as on date of Death	:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>Y</td><td>Y</td> </tr> </table> Years <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>M</td><td>M</td> </tr> </table> Months	Y	Y	M	M				
Y	Y									
M	M									
4. Date of Death	:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
5. Place and time of Death	:	_____ Hrs <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td></td><td></td> </tr> </table> Min <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td></td><td></td> </tr> </table>								
6. SHG Account Number	:	_____								
7. Cause of Death	:	_____								
8. Nominee Name & Relationship	:	_____								
9. Account Details of Nominee*	:	_____								
Account No.	:	_____								
IFSC Code	:	_____								
Bank & Branch Name	:	_____								

*(Please attach Original cancelled cheque leaf /Passbook copy attested by bank which mentioned correct Account Details)

Certified that the information furnished is true and correct in every respect to the best of our knowledge and belief

Nominee Name :	_____	Nominee Signature							
Place:	_____								
Date:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>		D	D	M	M	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

Authorized Signatory on behalf of the Group Master Policy Holder:

Name:	_____	Signature of Authorized Signatory Please affix Office seal With Branch Code
Designation:	_____	
Bank & Branch Address	_____	
Contact No.:	_____	

Aadhaar Consent:

I, **< Name of the Customer >**, hereby give my voluntary consent to SBI Life Insurance Company Limited (SBI Life) and authorise the Company to obtain necessary details like Name, DOB, Address, Mobile Number, Email, Photograph through the QR code available on my Aadhaar card / XML File shared using the offline verification process of UIDAI. I understand and agree that this information will be exclusively used by SBI Life only for the KYC purpose and for all service aspects related to my policy/ies. I have duly been made aware that I can also use alternative KYC documents like Passport, Voter's ID Card, Driving licence, NREGA job card, letter from National Population Register, in lieu of Aadhaar for the purpose of completing my KYC formalities. I understand and agree that the details so obtained shall be stored with SBI Life and be shared solely for the purpose of issuing insurance policy to me and for servicing them. I will not hold SBI Life or any of its authorized officials responsible in case of any incorrect information provided by me. I further authorize SBI Life that it may use my mobile number for sending SMS alerts to me regarding various servicing and other matters related to my policy/ies.