

WITHOUT PREJUDICE

Doath Claim Discharge	Vouchor cum authorization	(Multiple Neminee)
Death Glain Discharge	Voucher cum authorization	

Discharge of Death Claim under Po	olicy No.														Dat	e:	D	D	M	1	M	Y)		Y	Y
On the life of Late													_												
We (1)	(2), (3)the nominee (s)																								
/ assignee / legal representatives of the above named deceased life assured, by virtue of the nomination / assignment / legal													()												
evidence of title dated	MM	Y Y	Υ	Υ	gra	ante	ed to	me	/ u:	s by	the								_do	he	reb	y ack	nov	vlec	lge
receipt from SBI Life Insurance Co Ltd of the sum of Rupees (in words)																									
I / We discharge the company o	f all my /	our c	laims	and	den	nan	ds ur	nder	the	e abo	ove	me	ntior	ned	pol	licy o	on t	he l	ife o	f th	ne a	bove	;		
mentioned person:																									
Sum Assured / paid up value									_L					_L	_L										
Accidental death benefit				`																			L		
Gross claim amount				`																			L		
Net claim amount				`																					
Dated at(Place)		this	D	D			Y	Y	Y	Y	da	ay o	of	(1)	100	+6)		-				Year)			_
In the presence of					(D	ate)							(IV	1011	uri)					(1	rear)			
	Affex ` 1/- revenue stamp & sign across																								
Signature of witness																						mant ue st			
Name of Witness:																									
Designation of Witness:																									
Address of Witness:																									
Note: Acceptance of forms does does not amount to admission of				nissio	n of	cla	im. I	n ca	se	of ac	cide	ent	ben	efit	clai	im, a	adm	nissi	ion c	of b	asio	sum;	າ as	sur	əd
We hereby authorize and reque	st SBI Lif	e Insi	uranc	e Co	. Lto	d. to	o pay	the	wit	hin r	nen	tior	ned a	amo	un	tof₹	F								
To Shri/Smt. Signed by the part	ies withir	n men	itione	d in t	he p	ores	sence	e of:_																	
Witness :											(1)													
											(2)													
Signature :	(3)(Signature in full)																								
	1 1	1 1	I	I	1	I	1 1	1	1		1	1		1			(5	igna	ature	in '	TUII)			I
Name of Witness:								[
Designation of Witness:																					_ [
Address of Witness:																					_ [

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 (Customer Service timing: 24X7). Visit: www.sbilife.co.in E-mail: info@sbilife.co.in