

## WITHOUT PREJUDICE

DISCHARGE VOUCHER																														
Policy Number:																														
Policy Holder's Name:																														
Ido hereby acknowledge the receipt of ₹ *																t	owa	ırds	con	nmu	tatio	n of	PP/	√ Fu	nd V	/alue.				
*For unit linked policies,	fund valu	ie of	the p	olicy	/ will	depen	d on t	the N	VAV	as o	n th	e Dat	e of	Ves	ting;	if h	olida	ay, N	VAV	as a	of ı	next	wor	king	day	will l	be a	oplica	able.	
Name in Block Letters:																				[										
Address:																				[										
Contact Nos:																										_				
Signature of Life Policy Holder / Life Assured    DIRECT CREDIT MANDATE															Ltd.															
Type of Account	Savings	s Bar	Bank Current											OR/																
	Overdra	rdraft Cash Credit													Self Attested Copy of Bank Passbook/															
Branch Name													_				Stat													
Name of the Account H	older												[														L		_	
I agree that in case of an responsible/liable for an	-					-														also	o aç	gree	that	: SBI	L sh	all n	iot b	е		
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Signature of the Claimant											Da	ate:				D	D	M	1	Л	Υ	Y	Y	Y						

## **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.

\*Disclaimer - Please note that the direct transfer of the Claim proceeds to bank account to be made only if otherwise possible and allowed by banks as per banking regulations, Direct Credit will be possible only if either a cancelled pre-printed cheque leaf is attached or above stated account details are attested by branch manager of the bank where the bank account is being maintained. SBI life will not be responsible and liable for any losses occurring due to incorrect account details provided by Nominee/assignee/trustee.