

MATURITY FORM AND ADVANCE DISCHARGE VOUCHER

Policy Number:	<input type="text"/>	Date of Maturity:	<input type="text"/>
Life Assured Name:	<input type="text"/>		
Address:	<input type="text"/>		
Pincode:	<input type="text"/>	District:	<input type="text"/>
State:	<input type="text"/>		
Phone Number:	<input type="text"/>	Mobile Number:	<input type="text"/>
Email ID:	<input type="text"/>		
Is the Policy Assigned:	<input type="text"/>		
If assigned, Name of the Assignee:	<input type="text"/>		

Please enclose copy of PAN Card and provide your PAN here

Residential Status (NRI) ☐ Yes ☐ No If Yes, Country of Residence

(Tick the correct option)

I do hereby acknowledge the receipt of ₹*

towards the maturity proceeds under my Policy Number

This is in full and final discharge of all the amounts due and payable under the above numbered policy on the life of

(Name of Life Assured)

*For unit linked 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.

Name in Block Letters:	<input type="text"/>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> Affex ₹ 1/- revenue stamp & sign across </div>
Address:	<input type="text"/>	
Contact No:	<input type="text"/>	

Signature of Policyholder/Life Assured

Signature of Policyholder/Life Assured

Note: (1) Please note as per policy terms and conditions under Shubh Nivesh - Whole life plan, Policy cover will continue up to 100 years of age of Policyholder for Basic sum assured even after settlement of maturity amount. For more details, please refer Schedule (Part II) point no. 1 & 2.

(2) In case of Shubh Nivesh - Whole life option, Original policy documents (if submitted along with maturity documents), will be returned back to the Policyholder with maturity payout endorsement for future references.

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.

Bank Account Details Mandatory (In case you don't have a blank cancelled cheque leaf)

I/We _____ (Name of Life assured/assignee) hereby authorize
SBI Life Insurance Co. Ltd to Directly Credit the claim proceeds to my Bank Account, as per details given below:

Account No: _____ IFSC No: _____
Bank Name: _____ Type of Account: _____
Branch Address: _____

Full Name: _____
Designation: _____

Signature of bank manager
with Stamp*

*Please attach preprinted Cancelled Cheque Leaf or photocopy of Bank Passbook for direct credit. Direct transfer will be made only if otherwise possible and allowed by banks as per Banking Regulations.

For office use only: Maturity Form and all Other Documents are complete in all respects and hence Maturity Payment Approved.

Signature of PC Head