

**Death Claim Intimation Form- Kalyan ULIP (State Bank Group)**

**Name of the Bank :** \_\_\_\_\_  
**Bank Branch :** \_\_\_\_\_ **Branch Code:** \_\_\_\_\_  
**Master Policy No. :** \_\_\_\_\_  
**Product :** SBI Life - Kalyan ULIP (UIN 111L052V01)

**I.Details of the Member**

<b>Name of the Employee</b> (As in the data sent to us)	<b>Mr./Mrs./Ms.</b>
<b>PF Number:</b>	
<b>Date of Birth:</b>	<u>dd</u> / <u>mm</u> / <u>yyyy</u>
<b>Date of Joining Service:</b>	<u>dd</u> / <u>mm</u> / <u>yyyy</u>
<b>Date of Death :</b>	<u>dd</u> / <u>mm</u> / <u>yyyy</u>
<b>Mode of Exit :</b>	<b>Death</b>
<b>Mandatory Documents to be attached</b>	Death Certificate issued by Municipality/Nagar Parishad Gram Panchayat (Original/Copy duly attested by Bank Official with the Bank Seal)

**II.**
**Nominee Details**

<b>Name</b>	
<b>Relationship</b>	
<b>Date of Birth</b>	
<b>Age Proof</b> (refer point 6 under instructions)	
<b>Contact No.</b>	

**III.Direct Fund Transfer Details (Mandatory)**

<b>Name of the Bank :</b>	
<b>Name of the Account Holder:</b>	
<b>Savings Bank Account No.:</b>	
<b>Bank Branch Name :</b>	
<b>IFSC Code</b>	

I hereby authorize SBI Life Insurance Company Limited to directly credit the payout in my bank account as per the details given above at my sole risk.

Signature of the Nominee:

Date :

**Signature of the Witness:**

Name of Bank official : \_\_\_\_\_

Name of the Bank Branch : \_\_\_\_\_

Bank Branch Code : \_\_\_\_\_

Bank Seal

P.T.O

### Advance Discharge Voucher:

I \_\_\_\_\_ do hereby acknowledge receipt from SBI Life Insurance Company Limited a sum of Rupees \_\_\_\_\_ only (in words) the Claim money in respect of the above claim.

Please affix  
Re. 1/-  
revenue  
stamp & sign  
across the  
stamp

Signature of the Nominee

**Name of the signatory:**

**Signature of the Witness:**

Name of Bank official : \_\_\_\_\_

Name of the Bank Branch : \_\_\_\_\_

Bank Branch Code : \_\_\_\_\_

Bank Seal

### Instructions:

1. All fields are **mandatory**.
2. **The Claim Form should be sent to Head-Group Operations Department, SBI Life Insurance Company Ltd, 7th Level (D Wing) & 8th Level, Seawoods Grand Central, Tower 2, Plot NoR-1, Sector-40, Seawoods, Nerul Node, Dist. Thane, Navi Mumbai-400 706**
3. The claim settled intimation would be sent to your address & through E-mail as per our records.
4. For any assistance you may contact us at 022-6645 6278 or email to [groupops@sbilife.co.in](mailto:groupops@sbilife.co.in)
5. SBI Life Insurance Company shall be discharged of all liabilities in relation to the above claim upon receipt of claim amount by the payee mentioned above.
6. Proof to be attached by Nominee: – (Pan Card/Pass-Port/Aadhaar Card/Driving License copy duly attested By Bank Branch Manager Official with Seal).
7. For Electronic Fund Transfer Cancelled cheque/photo copy of the cheque leaf is mandatory. If Cheque does not contain pre-printed name then please submit self attested copy of Bank Passbook showing pre-printed bank account no., account holder name & IFS Code
8. Claim Form received at SBI Life office before 3 pm will get the same day NAV and submitted post 3 pm will get next working day's NAV under ULIP policies.