



SBI LIFE INSURANCE COMPANY LIMITED

Death Claim Discharge form **(WITHOUT PREJUDICE)**

Discharge of Death Claim under Policy No. _____ Dated _____
On the life of Shri / Smt _____

I / We _____ the
nominee (s) / assignee / legal representatives of the above named deceased life assured, by
virtue of the nomination / assignment / legal evidence of title dated _____
granted to me / us by the _____ do hereby acknowledge
receipt from SBI Life Insurance Co Ltd of the sum of Rupees _____ (in words)

I / We discharge the company of all my / our claims and demands under the above mentioned
policy on the life of the above mentioned person:

Sum Assured / paid up value Rs. _____

Vested Bonus Rs. _____

Interim Bonus Rs. _____

Additional death benefit Rs. _____

Critical illness/deposits Rs. _____

Accidental death benefit Rs. _____

Others Rs. _____

Gross claim amount Rs. _____

LESS:

Unpaid installment of premiums due in the policy Year of death Rs. _____

Late fee / Interest thereon Rs. _____

Outstanding Loan Rs. _____

Interest on Loan Rs. _____

X-charge Rs. _____

Premium difference, if any Rs. _____

Others Rs. _____

Net claim amount

Rs. _____

Dated at _____ this _____ day of _____ 200

(Place)

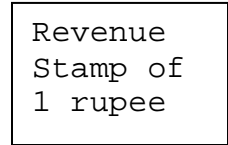
(Date)

(Month)

(Year)

In the presence of

Signature of witness :



Full name :

Designation Address & Seal

Signature of the claimant in full
across the revenue stamp

Note: Acceptance of forms does not amount to admission of claim. In case of accident benefit claim, admission of basic sum assured does not amount to admission of accident benefit.