

**MATURITY CLAIM DISCHARGE VOUCHER – Non-linked Pension**

I/We \_\_\_\_\_ the Policy Holder / Assignee do hereby acknowledge receipt from Tata AIA Life Insurance Company Limited (the "Company"), the sum of ` (In words)\_\_\_\_\_ including the amount of Bonus if any, in discharge of all my/our claims and demands under the \_\_\_\_\_ Policy number C \_\_\_\_\_ which matures on DD/MM/YYYY. All the benefits under the policy will cease to exist on the maturity of the policy and the policy would be cancelled.

PAN - \_\_\_\_\_ (Please attach self attested copy of PAN Card of Policy holder/Assignee)

EIA No - \_\_\_\_\_ IPIN - \_\_\_\_\_

**Statement:**

<b>PAYABLE BENEFITS</b>	<b>Amount in Rs</b>
Sum Assured	
Accumulated Reversionary Bonus, if any	
Terminal Bonus *Please check point 4 in Disclaimer	
Guaranteed Addition, if any	
Special Bonus, if any	
<b>Indicative Maturity Amount</b>	

<b>LESS : INDEBTEDNESS*</b>	<b>Amount in Rs</b>
Automatic Premium Loan ( including Interest)	
Policy Loan	
Other Deductions (indebtedness, if any such as X-charge etc.)	
TDS Deduction	

**Indicative Net Amount Payable = ` XXXXXX**

**Mandatory information to be filled:**

Percentage of maturity Amount you wish to commute (Receive as Lump Sum payment): \_\_\_\_\_% (Maximum 33% is allowed).

Please specify details of insurance company from whom you wish to purchase Annuity:

Name of Insurance company\* : \_\_\_\_\_  
 Name of contact person : \_\_\_\_\_  
 Address of Insurance company : \_\_\_\_\_

Note: All fields are Mandatory. Original Policy Document should be submitted with this form. (not applicable in case EIA number and IPIN is provided)



\_\_\_\_\_  
 Policy holder/Claimant Signature of Witness Signature of

(I understand and agree to the disclaimer mentioned below in the form)  
 (If at the time of policy inception insured was less than 18 years, insured signature should be verified by original Policy Holder)

\_\_\_\_\_  
 Name of Policy holder/Claimant Name of Witness

**Tata AIA Life Insurance Company Ltd. (IRDA of India Regn. No. 110) (CIN - U66010MH2000PLC128403)**  
 Registered & Corporate Office: 14th Floor, Tower A, Peninsula Business Park, Senapati Bapat Marg, Lower Parel, Mumbai 400013  
 For more Information, contact your advisor or call on our Helpline No 1-860-266-9966 (local charges apply) or SMS "Service" to 58888 or e-mail us at [customercare@tataaia.com](mailto:customercare@tataaia.com) or visit our website [www.tataaia.com](http://www.tataaia.com)  
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 IRDA of India does not announce any bonus. Public receiving such phone calls are requested to lodge a police complaint along with details of phone call, number.

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Signed on (date): \_\_\_\_\_

Relationship: \_\_\_\_\_

Signed on (date): \_\_\_\_\_

Place: \_\_\_\_\_

Place: \_\_\_\_\_

Declaration in case the Policyholder is illiterate or signing in vernacular:

I \_\_\_\_\_ (name) with \_\_\_\_\_ (identify type) \_\_\_\_\_ (identity number) hereby declare that I have explained the contents of the Maturity Claim Voucher to the Policyholder in \_\_\_\_\_ language and that the Policyholder has signed/ affixed his/ her thumb impression on the Maturity Claim Voucher after fully understanding the content thereof.

Signature of the witness \_\_\_\_\_ Please affix Policyholder signature/thumb impression \_\_\_\_\_.

Note:

1. All signatures must be in ink. Names should be written as they are in our record.

2. For each signatory, there should be a witness with the signature. The witness has to be 21 years old or above, who is not the beneficiary of this policy.

**NOTES:**

1. This discharge form must be signed by the Policy Holder and Witnessed by a person who is conversant with the language of this form and knows the Policy Holder and whose identity can easily be established.

2. In case the claimant affixes thumb impression, the thumb impression must be attested by a Notary / Gazette Officer / Gram Panchayat Pradhan / Gram Panchayat member / School Headmaster / Ward Councilor / Block Development Officer / Bank Manager/ SEM or a person of local standing provided attestation is done after affixing a rubber stamp /giving his name & designation.

Where thumb marks are affixed attesting official must make the following declaration under the signature.

Shri/Smt \_\_\_\_\_ son/daughter/spouse of Shri \_\_\_\_\_ \_\_\_\_\_ has affixed his/her thumb marks in my presence after understanding the contents there of.

\_\_\_\_\_  
Signature of the official with seal of his office

Name :  
Designation :  
Date :

**\*Disclaimers:-**

1. Maturity Amount is arrived at basis assumption that policy is in force on Maturity Date & all due premiums have been paid.
2. If at the time of making the Maturity claim payment, any premium remains outstanding, the same will be recovered from the amount shown herein as payable under the Policy. Additionally APL interest, Policy loan, Tax and any other outstanding charges as applicable will be recovered from the amount payable on Maturity.
3. The Net Amount Payable mentioned above does not include any excess amount received by the Company and which will be refunded to the Policyholder along with the Maturity claim amount.
4. The Net Amount Payable may change if Terminal bonus or Reversionary Bonus where the Policy is eligible for it, is declared by the Company after the dispatch of this voucher to the Policy holder
5. Interest on loan has been calculated on the assumption that the loan or any part of it and /or interest on the same remains outstanding as on the Maturity Date of the Policy.
6. In case policy maturity date falls on non working day or Holiday, NEFT payout will be credited on the next working day.
7. In case of address change please provide the Request For Change Form along with the address proof
8. All taxes, duties, surcharge, cesses or levies, (including but not limited to Service Tax and TDS), as may be imposed by Government or any statutory authority from time to time, on the premiums payable and benefits secured under Policy, shall be borne and paid by the Policyholder.

\*As per provisions of Finance Act 2014, Tax (Tax Deducted at Source) is required to be deducted w.e.f. 1st October, 2014 at the rate of 1% on eligible payouts made to policyholders who have submitted a copy of their PAN card or at the rate of 20% in case it is not submitted. Service tax, Swachh Bharat Cess and TDS, are applicable as per governing laws.

PAN: AABCT3784C Service tax Registration Number: AABCT3784CST001

Category of Service: Life Insurance Service and / or Management of investment under ULIP Services

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For more Information, contact your advisor or call on our Helpline No 1-860-266-9966 (local charges apply) or SMS "Service" to 58888 or e-mail us at [customercare@tataaia.com](mailto:customercare@tataaia.com) or visit our website [www.tataaia.com](http://www.tataaia.com)

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