

DD-MM-YYYY

Maturity Claim DISCHARGE VOUCHER – ULIP 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 U _____ which matures on DD-MM-YYYY. This Indicative Maturity Amount is calculated based on NAV of <DD-MMM-YYYY>. The actual Maturity Amount will be based on NAV as on maturity date and the amount could be higher or lower than the stated amount. Further all applicable charges shall be deducted till maturity date. 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:

PAYABLE BENEFITS	Amount in Rs
Regular Premium Fund Value	
Top up Premium Fund Value (if any)	
Maturity Bonus	
Guaranteed Additions / Guaranteed Bonus	
Guaranteed Maturity Addition / Guaranteed Maturity Bonus	
Indicative Maturity Amount	
Deduction (if any)*	

Indicative Net Amount Payable = Rs XXXXXXXX

* The actual NAV applied will be that on Maturity date. As per contract, applicable Monthly Charges till maturity would also be deducted. TDS, if applicable, will be charged at the time of final payout.

Mandatory information to be filled:

Percentage of Maturity Amount you wish to commute (Receive as Lump Sum payment): _____%

(Maximum 33% is allowed)

The remaining Maturity Amount will be used to purchase an annuity.

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)



Signature of Policy holder/Claimant

Signature of Witness

(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 or visit our website 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) _____ at City _____

Relationship _____

Signed on (date) _____ at City _____

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 / Gazetted 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. Indicative Maturity Amount is arrived at basis assumption that policy is in force on Maturity Date & all due premiums have been paid. The value is arrived at basis current day NAV. The Value may change basis NAV applicable on Maturity Date, provided there is no settlement option chosen.
2. At the time of making the Maturity claim payment, if there is any premium outstanding, then we will deduct the outstanding premiums from Maturity Amount. If the policy is already on Premium Holiday, Premium Holiday charges if applicable will be deducted-
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. If there are any transactions such as Premium Payment, Partial Withdrawal, Fund Switch etc. which are carried out in the policy after the dispatch of this Discharge Voucher, the same will be accordingly accounted in the Maturity Value.
5. During Settlement Period no life cover is provided. The maturity amount remains invested in chosen funds. No transactions such as Partial Withdrawal, Fund Switch etc. will be allowed during the settlement period. In case of unfortunate death Total Fund Value will be paid to the nominee.
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
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 2% 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.

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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