

**CLAIM FORM FOR MATURITY VALUE OF ENDOWMENT ASSURANCE/ ANTICIPATED ENDOWMENT  
ASSURANCE/ YUGAL SURAKSHA/ CHILDREN POLICY**

(Please fill in the columns in block letters)

1. Policy No. :

Date of Acceptance:

2. a) Date of Maturity:

b) Date of Survival benefit due:  
(in case of AEA policies)

3. Sum Assured: ₹

4. Name of Insurant:

Address

Pin Code

5. (A) Designation and address of:

(i) Drawing and Disbursing Officer during last six months (In case of deputation of premia from pay)

Designation

Address

Pin Code

(B) Name of the Post Office where premia were paid during last six months. (In case of payment of premia in cash)

a)	b)	c)
d)	e)	f)

6. Name of Post Office through which payment of maturity value is desired.

7. For payment through cheque, please provide following information about your Post Office/Bank account:-

Account No. :

Name of Post Office/Bank:

Branch Name:

**Documents Attached:**

- a) Policy document.
- b) Loan Repayment Receipt Book if loan was taken.
- c) Premium Receipt Book
- d) Certificate of Pay Disbursing Officer regarding recovery of premia from pay for the last six months.
- e) Any other document

Date:

Signature of Insurant/  
Claimant

Name:  
Phone no:  
Office:  
Residence:  
Mobile no