



UDUPI DIVISION: BRANCH _____

DECLARATION OF ASSIGNMENT AND FORM OR RECEIPT FOR THE SURRENDER VALUE OF
POLICY No. _____ FOR Rs. _____ DATED _____
ON THE LIFE OF _____

I/We hereby declare that I/we have not assigned the above Life Insurance Policy to any one; nor have I/We dealt with the same in any manner, except for any assignment/reassignment already registered as on date by the Insurer who issued the above Policy, upon due notice. I/We hereby further declare that I/We have not served on any Office of the Life Insurance Corporation of India any other or further notice of assignment or reassignment in respect of the above policy, not shall I/We serve on any office of the said Corporation any notice of assignment or reassignment before payment of the Surrender Value.

I/We _____ the Life Assured and
assignee/s further do hereby acknowledge receipt from Life Insurance Corporation of India, of the sum of
Rupees _____
(in words, Gross amount of surrender value + O. E. or A. B. refund.)

being the Surrender Value including Cash Value of Bonus and the refund of extra premium paid by me towards the above mentioned policy, which is herewith delivered unto the said Corporation to be cancelled.

In witness where of these presents are subscribed by me/us at _____ (Place)

on the _____ day of _____ 201____
Surrender Value (inclusive of cash value of bonus) Rs. _____
Add: Refund of extra premium paid towards. Rs. _____
1. Occupational hazard Extra due on and after 1-12-70 Rs. _____
2. Accident Benefit Extra due on and after 1-4-75 / 1-9-76 Rs. _____
3. _____ Rs. _____
Grand Total Rs. _____

Less: Loan Rs. _____
Interest on loan Rs. _____
Old interest debt (x-charge) Rs. _____
Other charges (to be specified) Rs. _____

In order pay

Signature

NET AMOUNT payable Rs. _____

1 Rupee Revenue
Stamp to be
affixed if the
gross amount
exceeds
Rs. 5,000/-

ENGLISH - KNOWING WITNESS:

Signature of witness _____
Full name of witness _____
Occupation _____
Address _____

Signature of the Life Assured/
Proposer/Assignee

Date _____

Assured's Name _____

Present Address _____

If the signatory/ies to the discharge form have
signed in vernacular or put thumb impression
please also complete the Declaration below*

*** DECLARATION***

The contents of this discharge form have been explained by me to _____ and he/she/they has/
have signed the same / put thumb-impression after fully understanding the same. It is further certified that the
thumb mark is/are of the person/s executing the discharge receipt only and the same was/were obtained in my
presence.

SEAL OF
OFFICE
IF ANY

Signature of Witness

N. B. : Illiterate persons must affix their thumb marks, which should be identified by the attesting Magistrate or by a Justice of Peace or Gazetted Officer or Class I Officer of L. I. C. or Development Officer of L. I. C. with more than five year's service or Agents who are Club Members of Chairman, Zonal Manager, Divisional Manager or Head Master / Principal of local Govt. School / Higher Secondary School or Manager of a Nationalised Bank.

Vernacular signature must be attested by a respectable English - knowing person. The same witness attesting vernacular signature and the same official attesting thumb mark should sign the above declaration.

The Surrender Value mentioned above is the gross amount only. The loan, if any availed on the policy along with accrued interest will be deducted out of surrender value. The amount is payable only by crossed cheque on our Bankers.

NOTE OF AUTHORITY

(If the within-written Receipt is signed by more than one person and payment is desired to be made to only one of them, the following note of Authority must be completed and signed by all of them before a Magistrate or a Justice of peace or Gazetted Officer or Block Development Officer or a Principal/Head Master of Local Higher Secondary School or High School run by Government or Manager of a Nationalised Bank or a Class I Officer of the Corporation or a Development Officer of the Corporation with atleast 5 Year's service provided he / she is fully satisfied about the identity of the executant.)

Place _____

Date _____

I/We hereby authorise and request Life Insurance Corporation of India to pay the above - mentioned amount of Rs. _____ to _____

(Full Name and Address of authorised person)

Signed by the party or parties

within-mentioned in my presence.

Signature of the Life Assured

Magistrate / Justice of Peace

Block Development Officer.

a Gazetted Officer or any

other official as stated above.

SEAL OF
OFFICE
IF ANY

(The following endorsement is also required to be completed and signed by the attesting Magistrate or a Justice of Peace or Gazetted Officer or a Block Development Officer or a Principal / Head Master of Local Higher Secondary School / High School run by the Government or manager of a Nationalised Bank or a Class I Officer of the Corporation or a Development Officer of the Corporation with atleast 5 year's service, when the Note of Authority is executed by an illiterate or vernacular-knowing person/s.)

I/hereby certify that the contents of this Note of Authority were explained by me in vernacular to

_____ and he / she / they has / have agreed to the payment being made to _____
_____ the party or parties authorised _____

I also certify that the thumb mark/s is / are of the person/s executing the note of Authority only and that the same was / were obtained in my presence.

Magistrate / Justice of Peace /
Gazetted Officer / Block Development Officer
or any other official as mentioned above.