

ANNEXURE-III

 LIC भारतीय जीवन बीमा निगम LIFE INSURANCE CORPORATION OF INDIA	Pension & Group Schemes Unit , Hyderabad Division 2 nd Floor, Jeevan Prakash Buildings, Secretariate Road, Saifabad, Hyderabad, Telangana . 500063 Ph. 23420752 / 23232394 E-mail : bo_g504@licindia.com
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Claim Form For Rythu Bandhu Group Life Insurance Scheme

OGI / Master Policy NO. _____ / LIC ID No _____ .

PART A: (To be completed by the beneficiary)

- 1) Name and Address of the deceased : _____
- 2) Name and Address of Nodal Agency : Department of Agriculture, Telangana State
- 3) Date of Entry into the Scheme : 15.08.2018
- 4) Name of Nominee : _____
- 5) Full Address of the Nominee : _____
- 6) Relationship with Member : _____
- 7) Date of Death of Member : _____
- 8) Cause of Death : _____
- 9) Name & Address of the bank : _____

10) Bank Account No. (Nominee) : _____

11) IFSC Code No. of the Branch : _____

I hereby declare that the answers to all the above questions are true and correct in every respect .

Signature of the Nominee / Beneficiary Place : Date :

Seal & Signature of MPH Place : Date :

Witness : (Signature)

Name : _____ Place :

Address : _____ Date :



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2nd Floor, Jeevan Prakash Buildings, Secretariate Road,
Saifabad, Hyderabad, Telengana . 500063
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PART B

DISCHARGE RECEIPT

We _____ hereby
acknowledge receipt from Life Insurance Corporation of India a sum of Rs. _____
(Rupees _____) in full and final satisfaction
and discharge of all our claims under the above master policy on the life of member _____
_____.

Dated at _____ this _____ day of _____ 20

Revenue Stamp

SEAL Signature of Authorised Official of the
Nodal Agency (Mandal Agriculture Officer)

PART C

Please send the claim amount by cheque to the credit of Savings Bank A/c No. _____
With IFSC Code No. _____
held _____ by _____ the _____ beneficiary/nominee _____ with

(Name and address of the Bank)

SEAL Signature of Authorised Official of the
Nodal Agency (Mandal Agriculture Officer)