RELIANCE NIPPON LIFE INSURANCE

A RELIANCE CAPITAL COMPANY

Maturity benefit payout & discharge form

Policy Number

Date D D M M Y Y Y Y

Policyholder's Name FIRST MIDDLE LAST

Correspondence Address/ Usual place of residence FLAT NO.

BUILDING ROAD NAME / NO.

LANDMARK 1

DISTRICT / TALUKA LANDMARK 2

CITY / VILLAGE STATE Pin Code

STD ISD Code LANDLINE MOBILE EMAIL ADDRESS

PAN

Residential status: Indian ☐ Non Resident Indian (NRI) ☐ Country, if NRI _____

Residence for Tax purposes in Jurisdiction(s) outside India ☐ Yes ☐ No

(If Yes, then Mandatory to fill the NRI Self Declaration)

Declaration

I have read the contents and I/we have fully understood and agree to the contents mentioned in the Maturity Benefit Intimation Form I/we hereby authorize Reliance Nippon Life Insurance Company Limited to settle the Maturity Benefit Payment in my favor. I agree to accept the Maturity Benefit in full and final satisfaction and discharge of the entire Claim under the said Policy. I accept this payment with full knowledge that I have no claim whatsoever henceforth in respect of this Policy.

ELECTRONIC PAYOUT OPTION (Direct Transfer of funds to your Bank Account) Please submit a cancelled cheque copy along with this form)

Name of the Account Holder FIRST MIDDLE LAST

Bank Name BANK NAME BRANCH NAME

MICR Code IFSC Code

**Please note that w.e.f 01.09.2019 is TDS rates revised, as per section 194DA under Finance (No.2) Act 2019, 5% TDS on receipt of PAN or 20% TDS on non-receipt on PAN is applicable if the sum payable in financial year Rs.1,00,000 and above which is not falling under Section 10(10D) of the Income Tax Act. Incase of Non-Resident, TDS is applicable as per Section 195. Additionally, as per provision of Section 139AA if the PAN is not linked to Aadhar by June 30, 2021, PAN will become inoperative and hence Company would be liable to deduct TDS at the rate of 20% . Please consult your tax advisor. Tax benefits is subject to changes in tax laws.

Please consult your tax advisor for more details."

Signature of the Witness

Full Name FIRST MIDDLE LAST

Address of Witness

Re 1/- Revenue Stamp

Signature of the Policyholder
(Please sign across the revenue stamp)

Place

Date D D M M Y Y Y Y

Reliance Nippon Life Insurance Company Limited. IRDAI Registration No: 121. Registered & Corporate Office: Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai - 400051. India. T +91 22 6896 5000. For more information or any grievance, 1. Call us between 9am to 6pm, Monday to Saturday on our Toll-Free Number 1800 102 1010 or 2. Visit us at www.reliancenipponlife.com or 3. Email us at: rnlife.customerservice@relianceada.com. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited & Nippon Life Insurance Company and used by Reliance Nippon Life Insurance Company Limited under license.

Beware of Spurious / Fraud Phone calls: IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

CIN: U66010MH2001PLC167089

Pay Out Form for Maturity/Ver 4/May2021