## Premium Maturity cum Discharge form

Policy No.

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Son/do	ug	hter/	'wife	of		F		F	R	S	Т																				L	А	S	Т	
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have read the contents and I/we have fully understood the contents mentioned in the maturity benefit intimation letter

Residential status: Indian		Non Resident Indian (NRI)		Country, if NRI _
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Residence for Tax purposes in Jurisdiction(s) outside India Yes No

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

I understand and agree to the contents of this form. I hereby authorize Reliance Nippon Life Insurance Company Limited to settle my Premium Maturity payment in my favour, I agree to accept the Premium Maturity in full and final settlement of all claims under the Premium Maturity. I accept this Payment with full knowledge that I have no claim under this heading. I further state that in terms of the said policy I shall be entitled to a Maturity Benefit i.e. accumulated bonuses on maturity in consonance with my 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		F		R	S	Т			$\sim$		D	D	L	E									L	А	S	Т	
Bank Name B A	Ν	К		Ν	А	Μ	Е									В	R	А	Ν	С	Н		Ν	А	M	Е	
Correspondence Address/ Usu	al plo	ice of	reside	ence																							
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ACCOU	Ν	Т		Ν	О.								F	S	С		С	0	D	Е							
MICR Code										PAN																	

\*\*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	Re 1/- Revenue Stamp
Full Name        F        I        R        S        T        I	
M I D L E I L A S T     Address of Witness I I I I I I I I I	Signature of the Claimant/Policyholder (Please sign across the revenue stamp)
	Place        Image: Constraint of the second s

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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.