IDBI FEDERAL
In association with Ageas

1330_022

IDBI Federal Life Insurance Co Ltd

IRDAI Regn. No. 135. | Corporate Identity Number: U66010MH2007PLC167164.
22nd Floor, A Wing, Marathon Futurex, N. M. Joshi Marg, Lower Parel (E). Mumbai - 400013.
Toll Free: 1800 209 0502 (Monday to Saturday; 8 am to 8 pm). E-mail: support@idbifederal.com.
www.idbifederal.com

MATURITY FORM

(Kindly fill in Block Letter and Use Black Ink)

POLICY INFORMATION

POLICY NO		DATE D D M M Y Y Y Y
POLICY OWNER NAME	F I R S T N A M E	M I D D L E N A M E L A S T N A M E
CONTACT DETAILS	Mobile	
	Land Line (Std Code)	
	Email id	

Note: Your email id will be registered for "Go Green" and all future communications regarding your policy/ies will be sent to this email id. This may lead to discontinuance of physical statements.

POLICY HOLDER IDENTIFICATION DETAILS

PAN No	
CKYC No	
EIA No	

DOCUMENTATION (Mandatory Requirement)

Are you a citizen of USA (including green card holder) ☐ Yes ☐ No

Are you a tax resident of any country other than India? ☐ Yes ☐ No

Note:
- **If the response to any of the above question is YES, please submit a FATCA_CRS form available on our website**
- **I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect or changes.**
- **Incase of NRE/NRO account details please submit a FATCA_CRS form available on our website.**

☐ Yes, I have submitted the policy document

☐ Yes, I have submitted Indemnity bond of INR 500 duly notarised in lieu of policy bond

☐ Yes I have attached a cancelled cheque with preprinted name of the account holder /self-attested Bank statement or Pass-book copy duly attested by Bank.

☐ Yes, I have submitted Self attested Photo Id Proof

Note:
- **Validity of the indemnity bond will be six months from issuance.**
- **In case valid PAN is not provided to IFLI, the Company shall not be liable for the non benefit of the credit of Tax Deducted at source.**

BANK DETAILS FOR PAYOUT

ACCOUNT HOLDER NAME		
BANK NAME AND BRANCH		
BANK ACCOUNT NUMBER		
ACCOUNT TYPE	SAVINGS	NRE / NRO *
IFSC CODE		

*** For NRE bank account,letter from Bank/bank statement confirming premiums are received from the NRE account is mandatory.**
*** In case cancelled cheque copy is of New Account, self attested copy of bank statement is mandatory.**
Note: IFLI will not be responsible in case of non-credit to customer's account for reasons of incomplete/incorrect bank account information provided by the customer

ANNUITY OPTIONS FOR MATURITY OF PENSION POLICIES (Please select/mention annuity provider of your choice for 2/3rd amount)

☐ LIC ☐ SBI Life ☐ HDFC Life ☐ ICICI Prudential

☐ Kotak Life Insurance ☐ Birla Sun Life Others , please specify _____

Acknowledgment Slip

Received a request for Maturity against policy no ☐☐☐☐☐☐☐☐☐☐ **on** D D M M Y Y Y Y ☐ BEFORE 3pm ☐ AFTER 3pm

Seal /Stamp of the Branch with Signature

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FOR OFFICE USE

Date D D M M Y Y Y Y TIME (Tick) ☐ BEFORE 3pm ☐ AFTER 3pm ☐

Stamp of the Branch: Signature of the Official:_____

DISCHARGE RECEIPT

I/We hereby agree to accept the payout amount and confirm of having understood and agree to all the conditions and information mentioned in the form. I / We discharge the company, IDBI Federal Life Insurance Co Ltd of all my / our claims or demands and responsibilities under the above mentioned policy.

Note: Discharge Voucher stands cancelled incase request made towards policy payment is rejected by IDBI Federal Life Insurance Co Ltd

Affix One Rupee Revenue Stamp & Sign Across

RESIDENTIAL DECLARATION BY POLICY HOLDER

I am a ☐ Non Resident ☐ Resident of India within Section 6 of the Income Tax Act, 1961.In the event there is any income tax demand (including interest, charges or levies) raised in India in respect of these amounts, I/we undertake to pay the demand forthwith and indemnify and hold IDBI federal Life Insurance Company Ltd. harmless from any income tax demand (including interest, penalty, charges or levies) raised in India on the IDBI Federal life Insurance Company Ltd. on account of any misstatement / misrepresentation/ errors of omission or commission by me or any other person, and provide IDBI Federal Life Insurance Company Ltd. with all information/documents that may be necessary for any proceedings before Income-tax / Appellate Authorities in India.

DECLARATION

I/We understand that the maturity of the policy results in the termination of the policy and that I/We are required to return the original policy document to the Company. I/ We also understand and agree that the policy shall be deemed to have been duly matured and the company discharged of all liablities under it upon the payment of maturity value, not withstanding the non production of the original policy document to the company, for any reason. Where the policy is not submitted to the Company, the policy owner here by agrees to indemnify the Company against all liabilities that the Company may incur on account of any claim being made by any other person on the basis of posession of the policy document or otherwise.

I/We understand that TDS will be applicable as per the prevailing tax laws of India and if valid PAN is not provided, TDS will be deducted as per the prevailing tax rates. IFLI, the company will not liable for the non benefit of credit of Tax deducted at source.

I hereby give my consent to IDBI Federal Life Insurance to contact me or send any communication related to my policy/ies on my mobile number/email ID.
I hereby give my consent to IDBI Federal Life Insurance to send any communication related to my policy/ies on my Whats App Account.

Signature of the Policy Holder/ Assignee (having understood and agreed to above declaration)		PLACE DATE D D M M Y Y Y Y

DECLARATION (By Person filing the form on behalf of the policy holder for forms signed in Vernacular languages or Thumb Impression)

I _____, having known the policy holder for a period of _____do declare that I have explained the nature of questions contained in this form to the policy holder. I have also explained that the answers to the questions form the basis for accepting this request for Maturity.

Signature of the Person filling the form on behalf of the policy holder (For forms signed in Vernacular Language/ Thumb Impression)		DATE D D M M Y Y Y Y

GENERAL INSTRUCTION

1. Amount Payable on Maturity is as per the policy terms and conditions.
2. All the required details in the form should be completely filled in.
3. The cut off time for NAV application in respect of allocation and redemption of units is 3:00 pm. If the maturity falls on a week day except holiday, the same day's unit value will be applicable or else next working day's unit value will be applied.
4. In case policy is assigned, payout will be made to the Assignee and request needs to be signed by Assignee, if payout is required to be made to Assignor then Assignment form is required first.
5. TDS will be applicable as per the prevailing tax laws of India. NRE customer, may submit Form 10 F and TRC for tax exemption,subject to it's validity.
6. Request must be received from Life Assured upon auto vesting.