

26-Mar-15
SESHAASAI (K) / CTS -2010



बैंक ऑफ बड़ौदा
Bank of Baroda

हावड़ा, हावड़ा - 711101
HOWRAH, HOWRAH - 711101
RTGS / NEFT IFSC CODE : BARB0HOWRAH

जारी की गई तारीख से तीन माह के लिए वैध / VALID FOR THREE MONTHS FROM THE DATE OF ISSUE

CBS

03 12 2020
D D M M Y Y Y Y

सेविंग खाता / SAVINGS ACCOUNT

Pay LIC of India

Or Bearer

या धारक को

Rupees रुपये Three lakhs only

अदा करें

₹

300000/-

खा. सं.
A/c No.

00410100005014

Aruna Sonthalia

JAIPRAKASH SONTHALIA
ARUNA SONTHALIA

Please sign above

SB/2012/SE

भारत की सभी शाखाओं में सममूल्यपर देय
Payable at par at all branches in India

HOW

000011 700012036 005014 31



LIFE INSURANCE CORPORATION OF INDIA
(Established by the Life Insurance Corporation Act. 1956)

Annexure-I
Form No-470 (Rev.)

Pradhan Mantri Vaya Vandana Yojana (UIN : 512G311V02)
Plan No. 842



Agent

For Office use only	
Branch Office	Divl. Office.....
Proposal No.
BOC No.	Date.....

Agent's/FSE's/DSE's/Sup.Agent's DSA's Name..... D.O./C.L.I.A./Chief Organiser Code No.
Agent's/FSE's/DSE's/Sup.Agent's DSA's Code No.....
Licence No. Date of Expiry

(All answers to be filled in legibly. Answers must be given in words. Strokes of pen or dots or dashes will not be accepted as replies. (✓) Tick wherever applicable).

1. (a) Name in full of the proposed Pensioner, i.e. the person on whose life, pension payments depend : _____

ARUNA SONTALIA

(b) Name in full of the father of the proposed Pensioner : Late. ATMARAM LUHARUKA

(c) Sex : Male / Female FEMALE (d) Nationality : INDIAN

(e) Present Address : Address to which communications are to be sent 106 KIRAN CHANDRA SINGHA

Block GA 13
2nd Floor

ROAD - GANGES GARDEN - PHASE - 2 - SHIBPUR - HOWRAH 711002

Permanent Address (if different from the above (e) _____

Telephone : (i) Office : _____ (ii) Residence : _____

Mobile No. : 9330925636 E-mail ID : _____

(g) (i) Date of Birth : 01.01.1960 (ii) Age at last birthday : 60 YEARS 9 MONTHS

(iii) Place of Birth : BIHAR (iv) What proof of age is being furnished with the proposal : YES

2. Description of the Pension:

(a) Please state either the (i) Purchase Price (rounded off to nearest rupee) Rs. _____

OR

(ii) Amount of pension instalment Rs. _____

Amount of Deposit : 300000/- Cheque / DD No. 000011 Date : 3.12.2020

Drawn on : Bank of Baroda

(b) Mode of pension instalments to be paid : Yearly/ Half-Yearly/ Quarterly/ Monthly

(c) Policy term : 10 years

3. (A) Personal details:

(a) Are you an Income Tax Assesse : Yes/ No

If yes, provide PAN : BLDPS 5786D

(b) Aadhaar No. : 967019382311

(c) Whether you have taken any other policy under this plan or under Pradhan Mantri Vaya Vandana Yojana with UIN 512G311V01 ? Yes / No

If yes, kindly furnish, Details of other policies (including proposals under consideration) under this plan and under Pradhan Mantri Vaya Vandana Yojana with UIN 512G311V01 taken by you :

Sr. No.	Proposal No. / Policy No.	Purchase Price	Amount of Pension	Mode of Pension Payment
1	408070864	300000/-		
2				
3				
4				
5				
6				
7				
8				
9				
10				

Note : Total amount of pension under all the policies allowed to a senior citizen under this plan and under Pradhan Mantri Vaya Vandana Yojana with UNI : 512G311V01 shall not exceed Rs. 1, 20,000/- per annum.

(B) Particulars of Bank A/c. :

- (a) Bank Name: BANK OF BARODA Branch Name: HOWRAH
Address: 27/3 G.T. ROAD SOUTH. HOWRAH 71101
- (b) Account Type- (Saving Bank Account / Current Account) : SAVING
- (c) Account No. (as appearing on the Cheque Book) : 00410100005014
- (d) Whether Aadhaar No. is linked to Bank Account mentioned in (c) : Yes / No
- (e) IFSC code No. of the Bank and Branch Name appearing in the cheques issued by the Bank BARBOHOWRAH

(Enclose a xerox copy of the cheque leaf displaying the name of account holder or first page of the bank passbook giving information of name of the account holder, bank account no. and IFSC code no. etc.)

4. (a) Nominee(s) of the proposed Pensioner to whom Purchase Price is to be refunded under the policy in case of death of the proposed Pensioner.
- (i) Name (s) : JAL PRAKASH SONTHALIA
- (ii) Relationship to the Proposed Pensioner : HUSBAND
- (iii) Percentage of share 100%
- (iv) Age : 67 YEARS (v) Address : 106. KIRAN CHANDRA SINGHA Rd. Ganges Garden-Phase-2, GA 13, 2nd Floor, Howrah 71102
- (i) Name of appointee: _____
- (ii) Relationship to the nominee: _____
- (iii) Age : _____ (iv) Address : _____
- (v) Signature of appointee as token of consent : _____

5. Whether you want to receive the policy bond through the Agent / Development Officer Yes / No

I, _____, hereby authorize my Agent / Development Officer, Shri / Smt. / Kum. _____ to collect the policy bond on my behalf.

Aruna Sonthalia
Signature of the proposed Pensioner

DECLARATION

I, _____ do hereby declare that the foregoing statements and answers are true in every particular. I do agree and declare that the foregoing statements and this declaration shall be the basis of the contract of pension between me and the Life Insurance Corporation of India. In case of fraud, misrepresentation and suppression of material facts the policy contract shall be treated in accordance with the Section 45 of Insurance Act, 1938 as amended from time to time.

I, hereby, further declare that the particulars of bank account and Aadhaar details given above are correct and complete. If the transaction is delayed or not effected at all for the reasons of incomplete or incorrect information, I would not hold the user institution responsible.

I am aware that Pradhan Mantri Vaya Vandana Yojana, in which I am investing my funds is a pension scheme subsidized by the Government of India and as per Government directive. I may be required to furnish proof of possession of Aadhaar

number or undergo Aadhaar authentication for receiving benefits under the scheme. "

I hereby, further declare that all policies taken under Pradhan Mantri Vaya Vandana Yojana (UIN : 512G311V02 and UNIN : 512G311V01), by me along with this current proposal. the amount does not exceed the maximum purchase price of Rs. 15 Lakhs or pension of Rs. 1,20,000/- p.m.

Dated at on the day of 20

Signature of Witness

Name of Witness

Occupation

Address

✓
Aruna Sonthalia
Signature of the Proposed Pensioner

1. Declaration by the person filling in the form (In case form is filled up / signed in a language different from that of the Proposal Form or in case the proposer is person with disability (PWD) where he / she is not able to fill the proposal form himself / herself.)

"I hereby declare that I have fully explained the above questions to the proposer and I have truthfully recorded the answers given by the proposer and proposer has affixed the thumb impression / signature as below after fully understanding the contents thereof.

Name of the Declarant

Address of the Declarant

"I certify that the contents of the form and documents have been fully explained to me by (Name, Designation, occupation) Mr. / Mrs. : and I have understood the significance of the proposed contract.

.....
Signature

.....
Signature or thumb impression of the Proposed Pensioner

2. In case the proposed Pensioner is illiterate:-

The thumb impression of the proposed Pensioner should be attested by a person of standing whose identity can easily be established, but unconnected with the Corporation and this declaration should be made by him.

Name of the Declarant

Address of the Declarant

I hereby declare that I have explained the contents of the proposal form to the proposed Pensioner in language and that I have read out to the Proposed Pensioner the answers to the questions dictated by the Proposed Pensioner and that the proposed Pensioner has affixed his/her thumb impression to the proposal form after fully understanding the contents thereof.

.....
Signature


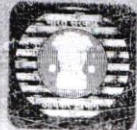

SECTION 45 OF THE INSURANCE ACT, 1938 AS AMENDED BY INSURANCE LAWS (AMENDMENT) ACT, 2015

1. No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
2. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud:
Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and the materials on which such decision is based.
Explanation I - For the purpose of this sub section, the expression "fraud" means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:
(a) The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
(b) The active concealment of a fact by the insured having knowledge or belief of the fact;
(c) Any other act fitted to deceive; and
(d) Any such act or omission as the law specially declares to be fraudulent.
Explanation II - Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.
3. Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intension to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:
Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policy holder is not alive.
Explanation: A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be agent of the insurer.
4. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued:
Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based:
Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.
Explanation - For the purposes of this sub-section, the mis-statement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured.
5. Nothing in this section shall prevent the Insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

ARUNA SONTHALIA
AATMARAM LUHARUKA
01/01/1960
Permanent Account Number
EIDPS5786D



Aruna sonthalia
Signature

Aruna sonthalia



भारत सरकार



आधार

भारत सरकार
Unique Identification Authority of India

Enrollment No. : 0661/10076/07174

To
Aruna Sonthalia

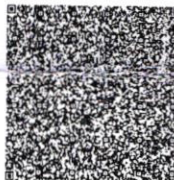
17/12/2012

C/O Jaiprakash Sonthalia
GA-13 2ND FLOOR
106, KIRAN CHANDRA SINGHA ROAD
GANGES GARDEN PHASE II
Haora (M.Corp)
Shibpur, Haora, Howrah,
West Bengal - 711102
9007028905

93510800



KA935108002FH



आपका आधार क्रमांक / Your Aadhaar No. :

9670 1938 2311

मेरा आधार, मेरी पहचान



Aruna Sonthalia
DOB: 01/01/1960
Female



9670 1938 2311

मेरा आधार, मेरी पहचान

Aruna sonthalia

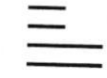


याद रखें / Remember:

- आपके खाते में नवीनतम केवायसी, नामांकन, मोबाइल नंबर एवं ई-मेल आईडी अद्यतन होने चाहिए।
Your account should be updated with your latest KYC, Nomination, Mobile number & Email ID
- अपनी पासबुक को सावधानी पूर्वक रखें। अपनी पासबुक पर हस्ताक्षर न करें। पासबुक को नियमित रूप से अद्यतन करें। किसी भी प्रकार की विसंगति होने की सूचना तत्काल दी जानी चाहिए।
Preserve your passbook carefully. Do not put your signature on passbook. Get passbook updated regularly. Any discrepancy should be notified immediately.
- कृपया अपनी व्यक्तिगत जानकारी, प्रयोक्ता आईडी, पिन, पासवर्ड, सीवीवी संख्या किसी को न बताएं। कॉल या ई-मेल के माध्यम से इस प्रकार की जानकारी मांगे जाने पर शाखा को सूचित किया जाना चाहिए।
Please do not give your personal information, user IDs, Pins, Password, CVV number to anyone. Any calls or emails requesting for such information should be notified to the branch.
- खाते के लिए पहली पासबुक नि:शुल्क होगी। शुल्क का भुगतान किए जाने पर डुप्लीकेट पासबुक उपलब्ध करवायी जाएगी।
First passbook in account is free. Duplicate passbook may be provided on payment of fee.
- प्रत्येक अर्द्ध वर्ष में 50 डेबिट (स्थायी अनुदेशों, वैकल्पिक डिलिवरी चैनलों, सेवा प्रभारों से संबंधित प्रविष्टियों को छोड़कर) की अनुमति होगी। 50 प्रविष्टियों से अधिक लेन देन होने पर प्रभार लगाया जाएगा।
50 debits (excluding Standing instruction, Alternate Delivery Channels, related to service charges) per half year is permitted. Transaction exceeding above 50 will be charged.
- ब्याज की गणना दैनिक आधार पर की जाएगी और तिमाही की समाप्ति के 15 दिनों के भीतर खाते में जमा किया जाएगा।
Interest is calculated on daily basis and credited to accounts within 15 days of end of quarter.

Branch Name : HOWRAH, WEST BENGAL Phone : 033-26414455
Branch Address : 27/3
G.T. ROAD(S) BULAL SEN MARKET HOWRAH HOWRAH
Branch Email ID : howrah@bankofbaroda.com
MICR Code : 700012036 IFSC : BARB0HOWRAH (Filter character is zero)
Customer ID : 012399846 PFD NO : NA
Account Number : 00410100005014 A/c Opening Date : 21-03-2001
Account Name : JAIPRAKASH SONTHALIA
Joint Name 1 : ARUNA SONTHALIA
Address : 6 GOPAL CHANDRA MUKHERJEE LANE
GHORA DANGA HOWRAH
HOWRAH
Nominee Name : ARUNA SONTHALIA

Aruna sonthalia



दिनांक Date	विवरण Particulars	चेक नं. CHQ. No.	नामे र Debit र	जमा र Credit र	शेष राशी र Balance र
07-09-2020	NEFT-ICMS20090700033J-LIC EZ IPP ONLINE NEFT ACCO			1000.00	1852234.95
11-09-2020	NEFT-ICMS2009110001FQ-LIC EZ IPP ONLINE NEFT ACCO			1000.00	1853234.95
14-09-2020	NEFT-ICMS20091400051X-LIC EZ IPP ONLINE NEFT ACCO			1000.00	1854234.95
19-09-2020	SI				
21-09-2020	SMS Alert charges for Qtr Sep-20		1000.00		1853234.95
28-09-2020	NEFT-ICMS200928000FTZ-LIC EZ IPP ONLINE NEFT ACCO		17.70		1853217.25
##As on 03-10-2020 10:48:45	Clr Bal:1854217.25 Unclr Bal:0.00		Lien:0.00	1000.00	1854217.25
07-10-2020	NEFT-ICMS20100700010K-LIC EZ IPP ONLINE NEFT ACCO				(KID 0041/1)
12-10-2020	NEFT-ICMS2010120006K5-LIC EZ IPP ONLINE NEFT ACCO			1000.00	1855217.25
13-10-2020	NEFT-ICMS20101300045W-LIC EZ IPP ONLINE NEFT ACCO			1000.00	1856217.25
				1000.00	1857217.25
20-10-2020	SI				
28-10-2020	NEFT-ICMS201028000D67-LIC EZ IPP ONLINE NEFT ACCO		1000.00		1856217.25
01-11-2020	00410100005014IntPd01-08-2020 to 31-10-2020			1000.00	1857217.25
07-11-2020	NEFT-ICMS20110700020J-LIC EZ IPP ONLINE NEFT ACCO			12831.00	1870048.25
11-11-2020	NEFT-ICMS2011110001DQ-LIC EZ IPP ONLINE NEFT ACCO			1000.00	1871048.25
##As on 11-11-2020 09:56:24	Clr Bal:1872048.25 Unclr Bal:0.00		Lien:0.00	1000.00	1872048.25
11-11-2020	BY CASH				(KID 0041/1)
##As on 12-11-2020 09:51:57	Clr Bal:1952048.25 Unclr Bal:0.00		Lien:0.00	30000.00	1952048.25
12-11-2020	BY CASH				(KID 0041/1)
13-11-2020	NEFT-ICMS2011130003AT-LIC EZ IPP ONLINE NEFT ACCO			120000.00	2072048.25
17-11-2020	LICI CB09 ACCOUNT 3	10	243243.00	1000.00	2073048.25
##As on 19-11-2020 15:36:30	Clr Bal:1829805.25 Unclr Bal:0.00		Lien:0.00		1829805.25
					(KID 0041/1)

Aruna Sonthalia



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

(जीवन बीमा निगम अधिनियम, 1956 द्वारा संस्थापित)
(Established by the Life Insurance Corporation Act, 1956)

पंजीकरण संख्या : 512 / Registration Number : 512

प्रधानमंत्री वय सेवना योजना / Pradhan Mantri Vaya Vandana Yojana

(भारत सरकार द्वारा अनुदानित एक नॉन-लिंक्ड, नॉन-पार्टिसिपेटिंग, पेंशन स्कीम)
(A Non-Linked, Non-Participating Pension Scheme subsidized by the Government of India)

यूआईएन / UIN : 512G336V01

Pradhan Mantri
Vaya Vandana Yojana
(A Non-Linked, Non-Participating
Government Subsidized Pension Scheme)

Plan No. 856 UIN: 512G336V01
7.00% per annum for monthly annuity
(dependent to 7.65% per annum)

संदर्भ: / Ref: एनबी / NB

भाग-अ / PART - A

दिनांक: / Date : 01/10/2020

(शाखा कार्यालय का पता व ईमेल आईडी) (Address and email id of Branch Office)

CITY BRANCH NO. 9
16 HARE STREET,
JEEVAN GANGA, 5th FLOOR,
KOLKATA
Email: bo_419@licindia.com

ARUNA SONTALIA
106 KIRAN CHAND SINGHA ROAD
GANES GARDEN PHASE- 2 BLOCK GA13
2ND FLOOR, HOWRAH
711102

मिथ पेंशन प्राप्तकर्ता,

408070864

विषय: आपकी पॉलिसी सं.:

इस पत्र के साथ आपको उपरोक्त पॉलिसी दस्तावेज सुपुर्द करते हुए हमें अत्यंत हर्ष हो रहा है. इसके अ से लेकर ल तक भाग हैं. आशा है आप इसे उपयुक्त पाएंगे.

हम आपका ध्यान पॉलिसी की अनुसूची में दी गई जानकारी तथा पॉलिसी के अंतर्गत उपलब्ध हितलामों की ओर आकर्षित करना चाहेंगे.

फ्री लुक अवधि

कृपया पॉलिसी के नियमों व शर्तों को अच्छी तरह पढ़ लें तथा अगर आप इन नियमों व शर्तों में से किसी से असहमत हों तो आप पॉलिसी दस्तावेज को पाने की तिथि से 15 दिनों की अवधि के अंदर (30 दिन, अगर इस पॉलिसी को ऑनलाइन खरीदा गया हो) अपनी आपत्तियों व असहमति के कारणों का उल्लेख करते हुए लौटा सकते हैं. पॉलिसी के मिलने पर हम इसे रद्द करके स्टैम्प खर्च के लिए शुल्कों तथा अदा किए गए पेंशन (अगर कोई हो) को काटकर आपके द्वारा जमा की गई क्रय कीमत की राशि को लौटा देंगे.

अगर आपकी कोई शिकायत हो तो आप ऊपर दिए गए पते पर शाखा कार्यालय से संपर्क कर सकते हैं या शिकायत समाधान अधिकारी/लोकपाल से संपर्क कर सकते हैं, जिनके पते नीचे दिए गए हैं:

In case you have any Complaint/Grievance, you may approach the Branch office on the address mentioned above or Grievance Redressal Officer/Ombudsman, whose addresses are as under:

शिकायत समाधान अधिकारी का पता / Address of Grievance Redressal Officer:

Manager (CRM) KOLKATA (M)-I
JEEVAN PRAKASH
16 CHITTARANJAN AVENUE
KOLKATA
WB

अगर आप इस पॉलिसी दस्तावेज में कोई त्रुटि पाते हैं, तो सुधार के लिए इस पॉलिसी को लौटा दें.

If you find any errors in this policy document, you may return this Policy for corrections.

धन्यवाद / Thanking you.

भवदीय / Yours faithfully,

बीमा लोकपाल का पता तथा संपर्क विवरण:

Address and contact details of Insurance Ombudsman:

Office of the Insurance Ombudsman,
Hindustan Bldg. Annexe,
4th Floor, C. R. Avenue,
Kolkata - 700 072
Phone:033-22124339/4340 Fax:033-22124341
Email:bimalokpal.kolkata@ecoi.co.in

कृते मुख्य / वरिष्ठ / शाखा प्रबंधक
p.Chief / Sr. / Branch Manager

Call Center no. (24 x 7)
022 - 6827 6827

एजेंट / मध्यवर्ती का कोड / नाम / मोबाइल नंबर/लैंडलाइन नंबर: Agent's/ Intermediary's Code / Name / Mobile No. / Landline No.

10454419 PRIYA SONTALIA.
1810041

9830160370

Pradhan Mantri Vaya Vandana Yojana
(UIN:512G336V01)

यू.आई.एन.: UIN :	512G336V01	पॉलिसी सं. Policy No.:	408070864
योजना सं.: Plan No.:	856	पॉलिसी की अवधि: Policy Term:	10 years
पॉलिसी के आरंभ की तिथि: Date of Commencement of Policy :	03/07/2020	परिपक्वता तिथि : Date of Maturity:	03/07/2030
क्रय मूल्य (रु.) : Purchase Price (Rs.) :	300000	पेंशन किस्त की राशि (रु.) : Amount of Pension Instalment (Rs.) :	1850.00
पहली पेंशन भुगतान की तिथि : Date of 1st pension payment :	03/08/2020	देय तिथि : Due date :	03
पॉलिसी के जारी होने की तिथि : Date of issuance of policy :	03/07/2020	पेंशन के भुगतान का माध्यम : Mode of payment of pension :	Mly
प्रस्ताव सं.: Proposal No.:	403	प्रस्ताव की तिथि : Date of Proposal :	03/07/2020
पेंशन प्राप्तकर्ता की जन्म तिथि : Date of birth of the Pensioner :	01/01/1960	पेंशन प्राप्तकर्ता की आयु : Age of the Pensioner :	60

क्या उम्र स्वीकृत है या नहीं? Whether age Admitted?

Y

पेंशन प्राप्तकर्ता का नाम और पता: Name and address of Pensioner:

ARUNA SONTHALIA
106 KIRAN CHAND SINGHA ROAD
GANES GARDEN PHASE- 2 BLOCK GA13
2ND FLOOR, HOWRAH
711102

बीमा अधिनियम, 1938 की धारा 39 के अंतर्गत नामित व्यक्ति का विवरण : Details of Nominee(s) under Section 39 of the Insurance Act, 1938 :

नामित व्यक्तियों का नाम / उम्र / पेंशन प्राप्तकर्ता के साथ संबंध / प्रतिशत हिस्सा
Nominee(s) Name / Age / Relationship to the Pensioner / Percentage Share

JAI PRAKASH SONTHALIA	66	Husband	100%
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नियुक्त व्यक्ति का नाम (अगर नामित व्यक्ति अवयस्क है) Appointee Name (in case the Nominee is a minor)

लाभार्थी जिसे हितलाभ देय है / Beneficiary to whom Benefits payable**पेंशन/परिपक्वता लाभ:** पेंशन प्राप्तकर्ता को / **Pension / Maturity Benefit:** To the Pensioner

मृत्यु पर देय राशि: बीमा अधिनियम 1938 की धारा 39 के अंतर्गत पेंशन प्राप्तकर्ता के नामितों को या बीमा अधिनियम 1938 की धारा 38 के अंतर्गत उसके अभ्यर्पिता को या प्रमाणित निष्पादकों या प्रशासकों या पेंशन प्राप्तकर्ता के अन्य वैधानिक प्रतिनिधियों को जिन्होंने उसकी सम्मदा या इस पॉलिसी के अंतर्गत देय राशि के लिए भारत संघ के किसी राज्य या संघशासित प्रदेश के किसी न्यायालय, जो भी लागू हो, से अपने प्रतिनिधि होने का प्रमाणपत्र प्राप्त किया होगा.

Death Benefit: To the Pensioner's nominees under Section 39 of the Insurance Act, 1938 or his Assignee under Section 38 of Insurance Act, 1938 or proved Executors or Administrators or other Legal Representatives of the Pensioner who should take out representation to his/ her Estate or limited to the moneys payable under this Policy from any Court of any State or Territory of the Union of India, as applicable.

निगम के लिए उक्त उल्लिखित शाखा कार्यालय पर हस्ताक्षरित, जिसका पता और ई-मेल आयडी पहले पृष्ठ पर दिया गया है तथा जिस पर पॉलिसी से संबंधित सभी पत्राचार भेजे जाने चाहिए.

Signed on behalf of the Corporation at the above mentioned Branch Office, whose address and e-mail address are given on the first page and to which all communications relating to the policy should be addressed.

दिनांक: / Date:

01/10/2020

जांचकर्ता: / Examined by:

फॉर्म सं. 01/ Form No. dated stamp duty has been paid
vide G.O.NO-474-F.T dated 20.04.2020
MUDRANK DETAILS LINE-3
Mobile:9007028905 Email:-

कृते मुख्य / वरिष्ठ / शाखा प्रबंधक
p. Chief / Sr. / Branch Manager

60.00