

# Life Insurance

Aditya Birla Sun Life Insurance Company Ltd.



**ADITYA BIRLA  
CAPITAL**

PROTECTING INVESTING FINANCING ADVISING

## NON ULIP SUPERANNUATION CLAIM FORM

( To be completed by the Group Policyholder on Retirement/Voluntary Retirement/Death/Resignation/Termination of a Member )

**Group Policy Number**

**Name of Group Policyholder**

**Full Name of Member**

**Employee No.**  **Member ID**

**Date of Birth**  **Date of Joining**

**Date of Exit**  **Cause of Exit** \_\_\_\_\_

**Whether Commuted Value has been opted?** YES  NO

**If YES, whether entitled for gratuity payment?** YES  NO

**Applicable Income Tax Rate on Commuted Value, if any** \_\_\_\_\_%

**Commuted Value Cheque to be drawn favour of**  Trust  Member  Beneficiary

**Non Commuted Value cheque to be drawn in favour of**  Trust  Annuity Service Provider

**In case Annuity Service Provider opted for then Name of the Annuity Service Provider in favour of whom the cheque needs to be drawn** \_\_\_\_\_

**Accrued Benefit Amount in case of Defined Benefit Scheme only** ₹ \_\_\_\_\_

**In case of Death Claim, Full Name of Beneficiary** \_\_\_\_\_

**Relationship of the Beneficiary with Member** \_\_\_\_\_ **Age of Beneficiary** \_\_\_\_\_

We hereby certify that the above Member is eligible for the benefits claimed under the above Policy. We undertake that the amount received under this claim will be utilised by us to purchase annuity on the life of the Member or the Beneficiary as the case may be.

We agree that we will not hold Aditya Birla Sun Life Insurance Company Limited liable for payment of the above claim, under whatsoever circumstances.

### Please read all instructions before signing the form

- To enable us to process the claim this form should be duly completed. Transaction will be effected at a unit price declared on the date the request is received and accepted at the Company's office on or before 3.00 pm and on the next unit price declared if the request is received and accepted at the Company's office after 3.00 pm or as specified by IRDA.
- In case of Death-Attested Photocopy of Death certificate issued by Municipal Authority along with Death Claim Form
- In case of any Communication please write to us at [absli.grouphelpline@adityabirlacapital.com](mailto:absli.grouphelpline@adityabirlacapital.com)

### Advance Discharge Receipt

We, hereby acknowledge receipt from Aditya Birla Sun Life Insurance Company Limited, an amount of ₹ \_\_\_\_\_ (₹ \_\_\_\_\_ only) in full satisfaction and discharge of \_\_\_\_\_ (number) claim/s as per list attached, under Group Gratuity Policy No. \_\_\_\_\_

Signature of the Trustee(s) with Group Policyholder's stamp

Date



Aditya Birla Sun Life Insurance Company Limited  
IRDAI Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1,  
16<sup>th</sup> Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg,  
Elphinstone Road, Mumbai - 400013  
+91 22 4356 7000 | CIN: U99999MH2000PLC128110  
[www.adityabirlasunlifeinsurance.com](http://www.adityabirlasunlifeinsurance.com)

**Life Insurance**

Aditya Birla Sun Life Insurance Company Ltd.



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CAPITAL**

1800-270-7000

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