

Life Insurance

Aditya Birla Sun Life Insurance Company Ltd.



**ADITYA BIRLA
CAPITAL**

PROTECTING INVESTING FINANCING ADVISING

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.

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

₹1
Revenue
Stamp

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

Aditya Birla Sun Life Insurance Company Limited
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1800-270-7000

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