

WITHOUT PREJUDICE

**Discharge Voucher**

Policy Number:- \_\_\_\_\_

Policy Holder's Name:- \_\_\_\_\_

I \_\_\_\_\_ do hereby acknowledge the receipt of Rs \* \_\_\_\_\_ towards commutation of PPA/ Fund Value.

\*For unit linked policies, fund value of the policy will depend on the NAV as on the Date of Vesting; if holiday, NAV as of next working day will be applicable.

Name in Block Letters: \_\_\_\_\_ Address: \_\_\_\_\_ Contact Nos: \_\_\_\_\_

Affix Re1/-  
revenue  
stamp & sign  
across.

Sign of Policyholder/Life Assured

**Direct Credit Mandate**

I/We \_\_\_\_\_ (Name of Policy Holder) hereby authorize SBI Life Insurance Co. Ltd. to directly credit the claim proceeds of Rs.. \_\_\_\_\_ to my Bank Account, as per details given below:

Account No. \_\_\_\_\_

Bank Name \_\_\_\_\_

Type of Account  Savings Bank  Current  
 Overdraft  Cash Credit

Branch Name \_\_\_\_\_

IFSC Code No \_\_\_\_\_

Name of the Accountholder \_\_\_\_\_

**Any one of the following is applicable**

**Attach pre-printed (Name) cancelled cheque  
OR**

**Self Attested Copy of Bank Passbook/  
Statement**

Designation: \_\_\_\_\_ Place: \_\_\_\_\_

**I agree that in case of any failure of Direct Credit, for any reason whatsoever, SBIL shall not be responsible. I also agree that SBIL shall not be responsible/liable for any losses that may arise due to incorrect bank account details provided herein above.**

Signature of the Claimant \_\_\_\_\_

Policy Number \_\_\_\_\_

Date: \_\_\_\_\_

**\*Disclaimer** - Please note that the direct transfer of the Claim proceeds to bank account to be made only if otherwise possible and allowed by banks as per banking regulations, Direct Credit will be possible only if either a cancelled pre-printed cheque leaf is attached or above stated account details are attested by branch manager of the bank where the bank account is being maintained. SBI life will not be responsible and liable for any losses occurring due to incorrect account details provided by Nominee/assignee/trustee.