

PLIL Branch Stamp

Date : _____ Time : _____

Maturity Benefit- Settlement Option Form

Policy Number

Date:

Name of the
Policy Owner

Land Line No.

Mobile No.

Email ID

Current mailing
address of the
Policy Owner

Note: All fields are mandatory. In case the mailing address is different from that provided to the Company earlier, an attested address proof document should be attached with the form. The Company will update its records for future correspondence.

☐ I wish to opt for the Settlement Option for my Policy Maturity Benefit

Settlement Option Term: _____ (Maximum applicable term is 5 yrs from the maturity date)

Installment Amount: _____ (Minimum installment amount is ₹5000/-)

Payment Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Yearly

I hereby confirm having read and understood all the Policy Terms and Conditions including those applicable to this request. And I understand and accept that my request shall be processed in accordance with the Terms and Conditions of the Policy.

Payment Remittance Option: ☐ NEFT ☐ Direct Credit ☐ Cheque DD

Please fill the following information in case of NEFT / Direct Credit.

Bank A/C Number:

Account Type:

☐ Current ☐ Savings ☐ Savings ☐ NRE ☐ NRO

Bank Name &
Branch

Please attach original cancelled cheque leaf. If cheque does not have account holder's name printed on it, then please attach a copy of latest bank statement / passbook.

IFSC Code:

IFSC code is the 11 character code appearing on your cheque leaf, if you do not find this on your cheque leaf, then please consult your bank.

Signature or Thumb Impression
of Policy Owner

(In case the Policy Owner is illiterate or signing in vernacular)

Place _____

Date:

Signature of Assignee
(only in case of assignment)

Place _____

Date:

Note: The following declaration must be filled by someone other than the sales personnel of the Company.

I, _____ (full name of Declarant) _____ (relation with the Policy Owner) adult and inhabitant of _____ (city), do hereby state that I have read out and explained the contents of the form. The Policy Owner and he/she has understood the same and hereby agrees to abide by all the Terms and Conditions of the Policy. I declare that whatever I have stated herein above is true and correct to the best of my knowledge and belief.



Signature of Declarant

Place _____

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Documents to be attached:

- Attested copy of Photo identity proof • Original Policy Document

Please note:

1. This form needs to be submitted with Pramerica Life Insurance Limited at least 7 days before maturity date.
2. The periodic installment frequency once selected by the Policy Owner, cannot be changed during the payout term.
3. You may terminate the contract by taking the full balance fund value any time during the settlement period.
4. During settlement period, no life cover or other insurance cover will be provided. On death during this period balance fund value will be paid to the Beneficiary.
5. The units will continue to be invested in the same funds as on date of maturity during settlement period.
6. All investment risk during settlement period shall be borne by the Policy Owner.
7. The Company will continue to deduct the policy administration charge and fund management charges.
8. No switching and partial withdrawals are available during the settlement period.
9. The policy shall terminate once the fund value falls below a minimum amount of ₹5,000/- or one installment amount, and the Company shall pay the balance fund value at that time.
10. Installment amounts under 'Settlement Option' will be released from the Policy Fund Value in accordance with Policy Terms and Conditions.
11. Net payout amount will be dispatched / transferred to Policy Holder's account post successful closure of transaction.
12. In order to process the Maturity Benefit the necessary tenure, as applicable for individual products should have elapsed from the policy issue date
13. On payment of Maturity value / benefit, this contract and all the obligations under this contract shall end.
14. Pramerica Life Insurance will not be responsible in case of non-credit to customer's account or if transaction is delayed or not effected at all for reasons of incomplete / incorrect information of Policy Owner's account provided. In case the requisite information for direct credit is not received or transaction is rejected by bank the payout will be made vide cheque.
15. The Policy owner must counter sign any cancellation / alteration.

For PLIL Branch Use Only (All fields are mandatory)

- ☐ Policy Holder's self attested copy of photo identity proof. For walk-in customers OSV needs to be done
- ☐ Customer signature verification is done as per the records available in system
- ☐ A valid address proof of the current communication address is submitted, in case of change in customer communication address. Original cancelled cheque leaf (with pre-printed account holder's name, A/C No. & IFSC code) is submitted for NEFT Payouts.

Pramerica Life Insurance Limited

Registered Office & Communication Address: 4th Floor, Building No. 9, Tower-B, Cyber City, DLF City Phase III, Gurgaon 122002, Haryana.

CIN: U66000HR2007PLC052028 Tel.: 0124 - 4697000, Fax: 0124 - 4697100/ 7200, E-mail: contactus@pramericalife.in

Website: www.pramericalife.in | Customer Service Helpline : 1860 500 7070 (Local charges apply) or Dial- 011- 4818 7070 | IRDAI Registration Number: 140