

Member Authorization Form

Plan Details

Name of Plan		Loan Type	
Sum Assured (INR)		Premium (INR)	
Cover Type	Single Life <input type="checkbox"/> Joint Life <input type="checkbox"/>	Coverage Term	
Main Benefit	Level <input type="checkbox"/> Decreasing <input type="checkbox"/>		

Member/Joint Life Assured Details

Particulars	Member	Joint Life Assured (if any)
Name		
Gender		
Member ID/Loan Account No.		
Date of Birth		
Relationship		
Address		
Contact No.		

Nominee/Appointee Information

Nominee/Appointee Name		Gender	
Relationship with Member		% Share	
Address		Pincode	
Email ID		Contact No.	

*If Nominee is less than 18 years, Appointee is mandatory. Appointee should be more than 18 years of age

Declaration by Member

I/We hereby authorize Pramerica Life Insurance Limited to make payment of Outstanding Loan Balance amount to Master Policyholder by deducting from the claim proceeds payable on happening of the contingent event and the remaining proceeds of the claims due may accordingly be addressed in the name of Nominee/Appointee.

I/We further authorize Pramerica Life Insurance Limited and its representatives to obtain additional documents and/or information as is required to settle this claim and I request the relevant authorities to release the sought information to Pramerica Life Insurance Limited and its representatives.

The above declaration and other details as furnished by me, are true to the best of my knowledge.

Date :

Place :

Signature/ Thumb Impression of Member

Declaration by Third Person (Vernacular)

Declaration to be made by a Third Person where : (a) the member has affixed his/her thumb impression, or (b) the member has signed in vernacular
I hereby declare that I have explained the contents to this application form to Member in language and truthfully recorded the answer provided to me.

I further declare that the Member has signed/affixed his/her thumb impression in my presence.

Date :

Place :

Signature/Thumb Impression of Witness

IRDAI Registration No. 140. Pramerica Life Insurance Limited. Registered Office and Communication Address: 7th & 8th Floor, Tower 2, Capital Business Park, Sector 48, Gurugram - 122018, Haryana. CIN: U66000HR2007PLC052028. Customer Service Helpline Numbers: 1860 500 7070 (Local charges apply) or 011 4818 7070 Timings: 9:00 a.m. to 7:00 p.m. (Monday-Saturday). For policy details, login to your account at <https://customer.pramericalife.in> or Send 'Hi' to LISA on WhatsApp at 9289187070, Email: contactus@pramericalife.in, Website www.pramericalife.in. The Pramerica mark displayed belongs to 'The Prudential Insurance Company of America' and is used by Pramerica Life Insurance Limited under license.

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