



Life Insurance Corporation of India

DISCHARGE RECEIPT FOR PAYMENT UNDER PMJJBY SCHEME

Policy No :

Name of the Bank :

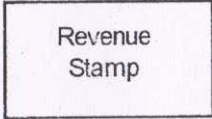
I/We, do hereby acknowledge receipt from the
.....(Name of Insurance Company), a sum of Rs.2,00,000/- (Rupees Two
lakhs only) in full satisfaction and discharge of all our claim/s under the above policy on the life of Mr./
Ms. covered under this scheme under Savings Bank Account
No.

Dated at this day of20

Witness :

.....

.....



(Signature of the Nominee* /Claimant)

Details of nominee / appointee (in case nominee is minor) :

Name :

Mobile No. : E-mail Id :

Aadhar Number (if available) No :

Bank Account No. Name of the Bank :

Branch Address : IFSC Code :

{Copy of cancelled cheque to be attached(if available)}

*In case the Nominee is a minor, the Guardian/Appointee may fill in this form.

(Signature of the Nominee* /Claimant)