

**BENEFIT PAYOUT REQUEST FORM**

MASTER POLICY NO:

MASTER POLICY HOLDER NAME :

**Details of Member:**

<b>Name of Member*</b>		<b>Employee ID*</b>	
<b>Date of Birth*</b>	dd/mm/yyyy	<b>Date of joining*</b>	dd/mm/yyyy
<b>Designation</b>		<b>Date of Event*</b>	dd/mm/yyyy
<b>Last drawn Salary (in ₹) per month*</b>		<b>Amount payable in ₹*</b>	
<b>Member No. as per Insurer*</b>		<b>Break in service (if any)</b>	
<b>Event type / Reason for benefit payout</b> (Please tick any one of the events as mentioned)	1. Death of Employee <input type="checkbox"/> 2. Retirement/ Superannuation of Employee <input type="checkbox"/> 3. Resignation of Employee <input type="checkbox"/> 4. Termination of Employee <input type="checkbox"/> 5. Equitable Transfer (within Group Companies) <input type="checkbox"/> 6. Any Other reason (please specify) <input type="checkbox"/>		
<b>Remarks (if any)</b>			

DATE :

PLACE :

**SIGNATURE OF TRUSTEES/AUTHORIZED SIGNATORIES**

1. Name & Signature \_\_\_\_\_

**Declaration, if this form is signed in Vernacular/Thumb Impression:**

I hereby declare that I have explained the contents of this form to the Policyholder Mr/Mrs/Ms \_\_\_\_\_ in \_\_\_\_\_ language and that the Policyholder has affixed the thumb impression(s)/signed in language other than English in my presence after fully understanding the contents thereof.

Name of Declarant \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_

**Instruction & Disclaimer:**

- Kindly fill in the details in English only.
- In the event of any disagreement in interpreting the content, English version will prevail.

**Note:** 1. Field marked in \* are mandatory.

**Canara HSBC Life Insurance Company Limited**

(formerly known as Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited) IRDAI Regn. No. 136

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**Corporate Identity No:** U66010DL2007PLC248825

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