F.No. 3805A

The Branch Manager, Life Insurance Corporation of India, Branch Office,

to sign all the documents required by Life Insurance Corporation of India for payment of the claim on my behalf and to receive the payment that may be made. I further declare that all claim papers so signed by the aforesaid Shri...... will be deemed to have been signed by myself also, his receipt will be sufficient discharge of my right to a payment and these will be binding on me as well as my heirs and executors.

Signature/Thumb Impression of the authorising person.

*	Witness
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Signature	Full Name
Full Name	_ Designation
Designation	Address
Address	

Dated at..... day of 20

1. Where the authorising person signing this letter happens to be the natural guardian of a minor heir entitled to the deceased s estate, he/she should sign for self and on behalf of such minor.

2. *If the authorising person signs in vernacular or affixes his/her thumb impression, the witness should also sign the following declaration.

CERTIFIED THAT THE CONTENTS OF THIS FORM WERE EXPLAINED TO THE DECLARANT IN VERNACULAR AND HE/SHE HAS AFFIXED HIS/HER SIGNATURE/THUMB IMPRESSION HERETO AFTER FULLY UNDERSTANDING THE SAME

Signature of witness

N.B.: This authorisation must be witnessed by (1) an Advocate, (2) an Agent of the Corporation

(who is a member of the club at the level of Divisional Manager s Club and above), (3)

a Bank Manager, (4) a Block Development Officer, (5) a commisioner of Oaths, (6) a Doctor, (7) a Gazetted Officer, (8) a Head Master of a High School, (9) a Head Post Master or Departmental Sub-Post Master (but not a Branch Post Master), (10) a Magistrate, (11) an officer or Development officer of atleast 3 years standing (12) a confirmed Development officer recruited from the Agents who were D.M. or B.M. Club Members before joining (13) a Development Officer recruited from Agents who were ZM or Chaiman s Club Members before joining. (14) President of a Village Panchayat or Local Board.