

Form of Declaration to be obtained from the Life Assured who claims disability Benefit under a Policy.

(To be stamped before execution with a Special Adhesive Stamp or to be Copied out on a Non-judicial (general) Stamp paper of required value)

I,

(Full Name, Occupation, Address & Age of the Declarant)

.....

do hereby solemnly affirm and declare that I hold the following life insurance policies assuring my own life, the particulars whereof are as given hereunder :

1) Name of the Office of the LIC of India, 1) 2) 3) 4)
which issued the Policy :

2) Policy No. :

3) Sum Assured :

4) Date of Commencement of the Policy :

5) Mode of Payment of Premium :

6) Due Date of the last premium paid :

7) Whether Extended/Disability Benefit has been granted and if so, the particulars of Benefit allowed :

I make this solemn declaration sincerely believing the same to be true and knowing that on the faith hereof the Life Insurance Corporation of India would decide the grant of disability benefit under the above mentioned policy/ies and I hereby agree that if by any chance, the disability benefit is granted for any reason whatsoever in excess of the prescribed maximum limits under the policy contract, the Life Insurance Corporation of India, besides the rights available to them under the Policy Contract, shall be entitled to recover the premiums waived and/or the benefits paid to me in excess.

Signature:

Occupation:

Address:

Declared before me at..... and certified that the declaration has been read over to and understood by the declarant this..... day of..... 20

Signature of the (Magistrate or a J.P. or a Notary or any officer empowered to administer declarant : oaths in non-court matters.)