

**FORM OF CLAIM FOR SURVIVAL BENEFIT DUE ON ANTICIPATED
ENDOWMENT ASSURANCE POLICY**

1. Policy No. : _____
Date of Acceptance : _____
2. Date of Survival Benefit due :
3. Name and address of Insurant :

- _____
- (In block letters)
4. Designation and address of :
- (i) Pay Disbursing Officer
during last six months.
- (ii) Pay & Account Officer

5. Name of the Post Office :

at which premia were
paid during last six months.

6. Name of Post Office through :

Which payment of maturity
Value is desired.

Documents attached :

Policy Document.

Premium Receipt Book.

Certificate of Pay Disbursing Officer regarding recovery of premia from pay
for the last six months.

Date :
Insurant

Signature of

Telephone No.
Office :
Residence: