



IndusInd Nippon Life

# Group Term Claim Form / Discharge Form

Master Policy No: \_\_\_\_\_

Date: \_\_\_\_\_

We acknowledge receipt of a sum of Rs. \_\_\_\_\_ in words \_\_\_\_\_ from IndusInd Nippon Life Insurance Company Ltd, being the discharge of instructions received from the Master Policyholder towards Superannuation Benefit / being the Death Claim proceeds in respect of the assurance effected on the life / lives of the following members:

Master Policy Number	
Name of the Master Policyholder	
Full name of the deceased Member	
Employee/Loan/Account/Membership No	
Date of Birth of the deceased member	
Date of Employment/Joining the Scheme	
Member Number (as provided by IndusInd Nippon Life)	
Cause of death	
Date of death	
Place of death	
Proof of death (to be enclosed)	
Sum Assured	
To whom the claim is payable	Master Policyholder* or Nominee (Strike out whichever is inapplicable)
If claim is payable to Nominee, please provide following details of the Nominee	
Full Name	
Date of Birth	
Gender	
Relationship to the deceased	
If Nominee is a minor, state name and address of the guardian	

\*Claim amount is payable to the Master Policyholder only for processing employee claim through employer for an employer-employee insurance or a lender-borrower relationship between the Master Policyholder and member to the extent of outstanding loan obligation, subject to prescribed conditions.

## "DECLARATION"

We hereby declare that the answers to all the above questions are true in every aspect. We enclose an extract from the death registers in proof of death of the member. We further confide that the above said deceased member was covered under the group insurance policy number at the time of death and we further certify that the member was of sound health at the time of joining the scheme. We further declare that the Insured Member / Nominee / Beneficiary who has submitted the claim form is also registered with us as Insured Member / Nominee / Beneficiary under the Master Policy issued to us. We hereby declare that the details / information furnished in the claim discharge form and/or Credit Account Statement as may be applicable are correct and verified for accuracy by us. The KYC of the Claimant has been verified by seeing the original document.

Place :

Date :

Signature of the authorized  
Master Policyholder with Office Seal

## Acknowledgement Receipt

Master Policy Number :

**To be filled if the claim settlement is to be made in favour of the Nominee**

We hereby authorize and request IndusInd Nippon Life Insurance Company Limited to draw the cheque for the within mentioned

amount of Rupees \_\_\_\_\_ only) in favour of

Shri/Smt \_\_\_\_\_, who is the legal nominee of the

deceased member \_\_\_\_\_

**IndusInd Nippon Life Insurance Company Limited** (Formerly Reliance Nippon Life Insurance Company Limited). IRDAI Registration No. 121. Registered & Corporate Office: Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai-400051, India. T +91 22 6896 5000. For more information or any grievance, 1. Call us between 8 am to 8 pm, Monday to Saturday (except public holidays) on our Toll-Free Number - 1800 102 1010 or 2. Visit us at [www.indusindnipponlife.com](http://www.indusindnipponlife.com) 3. Email us at [customerservice@indusindnipponlife.com](mailto:customerservice@indusindnipponlife.com). 4. Chat with us on our WhatsApp number (+91) 7208852700. The trade logo displayed above belongs to IndusInd International Holdings Limited & Nippon Life Insurance Company and is used by IndusInd Nippon Life Insurance Company Limited under license.

**BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS:** IRDAI or its officials do not involve in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint

## IndusInd Nippon Life Insurance

**This form is to be filled by the non-individual accountholder**

### Section 1: Entity Identification Details

Please tick / fill and complete as appropriate.

- (a) Policy Number: .....
- (b) Name of the Entity: .....
- (c) Customer Id: .....
- (d) Entity Constitution Type
- |  |  |   |
|--|--|---|
| A - Sole Proprietorship <input type="checkbox"/>           | B - Partnership Firm <input type="checkbox"/>            | C - HUF <input type="checkbox"/>        |
| D - Private Limited Company <input type="checkbox"/>       | E - Public Limited Company <input type="checkbox"/>      | F - Society <input type="checkbox"/>    |
| G - AOP/BOI <input type="checkbox"/>                       | H - Trust <input type="checkbox"/>                       | I - Liquidator <input type="checkbox"/> |
| J - Limited Liability Partnership <input type="checkbox"/> | K - Artificial Juridical Person <input type="checkbox"/> |   |
| Z - Others <input type="checkbox"/>                        | X - Not Categorised <input type="checkbox"/>             |   |
- (e) Date of incorporation
- (f) Place of incorporation
- (g) Country of Incorporation
- (h) Address Type
- |  |  |                                       |
|--|--|---------------------------------------|
| 1 - Residential or Business <input type="checkbox"/> | 2 - Residential <input type="checkbox"/> | 3 - Business <input type="checkbox"/> |
| 4 - Registered Office <input type="checkbox"/>       | 5 - Unspecified <input type="checkbox"/> |                                       |
- (i) Address :
- (j) Permanent Account Number
- (k) Identification Type (tick as applicable)
- |  |   |
|--|---|
| Tax Identification Number <input type="checkbox"/> | Company Identification Number <input type="checkbox"/>    |
| US GIIN <input type="checkbox"/>                   | Global Entity Identification No. <input type="checkbox"/> |
| Other <input type="checkbox"/>                     |   |
- (l) Identification Number:
- (m) Identification issuing Country:
- (n) Nature of Business (kindly fill in details from Annexure 6):

### Section 2: Declaration of Tax Residency

**RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA: Yes / No**

If Yes, Please indicate the Entity's country of tax residence (if resident in more than one country please detail all countries and associated tax identification number/ functional equivalent and TIN issuing country).

Country/ies of Tax Residency	Address in the jurisdiction where entity is resident outside India for tax purposes	Tax Identification number (TIN)/ functional equivalent number	TIN/ functional equivalent number Issuing Country	Document Type# attached (Tax Residence Certificate and/or TIN Card or others)	Date up to which documentary evidence valid

## #(Documentary evidence to be provided for foreign country of tax residence and TIN)

### If tax resident of Country outside India, kindly provide confirmation as under:

(1) If US tax resident, are you US Specified Person - Yes / No

If No, kindly provide exclusion no. from **Annexure 1**-

If Other than India and USA, then Other Reportable Person: Yes / No.

If No, provide exclusion No. from Annexure 2:

## Section 3: Classification of Entity

### (A) Financial Institution:

(1) Reportable Financial Institution: Yes / No. If Yes Provide GIIN:

(2) Non-reportable financial Institution: Yes / No. If Yes provide category from Annexure 3:

(3) Sponsored Investment Entity / Trustee Documented Trust: Yes / No.

If Yes: Name of the Sponsor / Trustee:

GIIN of the Sponsor / Trustee:

(4) Non- Participating Financial Institution: Yes/ No

(5) Owner documented Financial Institution: Yes / No. If yes, each controlling person should fill Annexure A.

### (B) Non- Financial Entity (NFE):

(1) Active NFE: Yes / No. If Yes, provide category from Annexure 4.

If listed Company, Name of the stock exchange on which listed:

If related entity of listed Company, name of the company and name of the stock exchange on which listed:

(2) Passive NFE: Yes/ No. If Yes, provide category from Annexure 5.

Any Controlling Person of the Passive NFE is a resident of jurisdiction outside India for tax purposes; Yes / No

If Yes, then each of such controlling Person should fill Form A.

(3) Direct Reporting NFE: Yes / No. If yes, provide GIIN:

## Section 4: Declaration and Undertakings

I / We certify that:

- The information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income tax Rules, 1962.
- The information provided by me/us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete and that I/We have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- I/We permit/authorise the Company to collect, store, communicate and process information relating to the Account and all transactions therein, by the Company and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
- I/We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by us or if any certification becomes incorrect and to provide fresh self-certification alongwith documentary evidence.

Entity Self certification

- e) I / We also agree that our failure to disclose any material fact known to us, now or in future, may invalidate our application and the Company would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India (GOI) /IRDA for the purpose or take any other action as may be deemed appropriate by the Company if the deficiency is not remedied by us within the stipulated period.
- f) I / We hereby accept and acknowledge that the Company shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me / us to the Company.
- g) It shall be my / our responsibilities to educate myself / ourself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules thereunder.
- h) I/We also agree to furnish such information and/or documents as the Company may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- i) I/We shall indemnify the Company for any loss that may arise to the Company on account of providing incorrect or incomplete information.
- j) The personal KYC details may be shared with Central KYC Registry.
- k) I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.
- l) I / We certify that I/we have the capacity to sign for the Entity as per CBDT rules/IRDA guidelines.

Authorised Signature: \_\_\_\_\_

Name \_\_\_\_\_

Position/Title: \_\_\_\_\_

Date: (dd/mm/yyyy) \_\_\_\_\_

Seal and Stamp of the Entity

**\*Instructions:**

1. All the information is mandatory. Dates should be filled in the DD/MM/YYYY format.
2. Self-Certification of documents is mandatory.
3. No part of the declaration in section 4 should be struck /cancelled.
4. The above Annexure to the proposal form should be signed by all the Authorized Signatories.
5. For Proof of Identity, if driving license or passport is provided as proof of identity, then expiry date is to be mandatorily provided.
6. Please mention identification/reference number if 'Others' (any document notified by Central Government) is ticked in the proof of Identity.

Entity Self certification

**Form A : Controlling Person Details**

[to be filled by each Controlling Person resident outside India for tax purposes]

**(A) Details of Controlling Person****1. Controlling Person Type:**

(a) In case of legal Person: ☐ Ownership ☐ Other means ☐ Senior Managing Official

(b) In case of legal Arrangement - Trust: ☐ Settlor ☐ Trustee ☐ Protector ☐ beneficiary ☐ Others

(c) In case of legal Arrangement - others

☐ Settlor Equivalent ☐ Trustee Equivalent ☐ Protector Equivalent ☐ Beneficiary equivalent

☐ Others Equivalent

(d) ☐ Unknown

2. Name of the Controlling Person:

3. Customer ID, if allotted:

4. Father's Name

5. Gender: ☐ Male ☐ Female ☐ Others

6. PAN:

7. Identification Type:

(Certified copy of any one of the following Proof of Identity of needs to be submitted) (please refer instruction no. 1 and 2)

☐ A- Passport no. \_\_\_\_\_ Passport Expiry Date: \_\_\_\_\_

☐ B-Voter ID Card \_\_\_\_\_

☐ C- PAN Card \_\_\_\_\_

☐ D-Driving License \_\_\_\_\_ Driving Licence Expiry Date: \_\_\_\_\_

☐ E-UID (Aadhaar) \_\_\_\_\_

☐ H-NREGA Job Card \_\_\_\_\_

☐ Z-Other \_\_\_\_\_ Identification Number \_\_\_\_\_

8. Identification Number (mentioned in identification document):

9. Occupation Type: ☐ S-Service ☐ B-Business ☐ O-Others ☐ X- Not categorised

10. Date of Birth (DD/MM/YYYY):

11. Nationality:

12. Place of Birth:

13. Country of Birth:

14. Address Type of Controlling Person: ☐ 1-Residential or Business ☐ 2-Residential ☐ 3-Business  
☐ 4- Registered Office ☐ 5-Unspecified.

15. Address of Controlling Person:

Entity Self certification

**(B) Country of Tax Residency**

Please indicate the Country of tax residence (if resident in more than one country please detail all countries and associated tax identification number and TIN issuing country).

Country/countries of tax residency	Tax Identification number (TIN)/Functional Equivalent Number	TIN /Functional Equivalent Number Issuing Country	Documentary Evidence enclosed for country of tax residence and TIN	Date up to which documentary evidence is valid

**(Kindly attach documentary evidence of country of tax residence and the tax identification number)**

**(C) Declaration and Undertakings**

I / We certify that:

- The information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income tax Rules, 1962.
- The information provided by me/us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete and that I/We have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- I/We permit/authorise the Company to collect, store, communicate and process information relating to the Account and all transactions therein, by the Company and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
- I / We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by us or if any certification becomes incorrect and to provide fresh self-certification alongwith documentary evidence.
- I / We also agree that our failure to disclose any material fact known to us, now or in future, may invalidate our application and the Company would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India (GOI) /IRDA for the purpose or take any other action as may be deemed appropriate by the Company if the deficiency is not remedied by us within the stipulated period.
- I / We hereby accept and acknowledge that the Company shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me / us to the Company.
- It shall be my / our responsibilities to educate myself / ourself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules thereunder.
- I/We also agree to furnish such information and/or documents as the Company may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- I/We shall indemnify the Company for any loss that may arise to the Company on account of providing incorrect or incomplete information.
- My/Our personal KYC details may be shared with Central KYC Registry.
- I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.
- I / We certify that I/we have the capacity to sign for the Entity as per CBDT rules/IRDA guidelines.

Entity Self certification

Authorised Signature: \_\_\_\_\_  
Name \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Date: (dd/mm/yyyy) \_\_\_\_\_

### Seal and Stamp of the Entity

#### Instructions for filling Form A pertaining to Controlling Persons

1. For Proof of Identity, if driving license or passport is provided as proof of identity, then expiry date is to be mandatorily provided.
2. Please mention identification/reference number if 'Others' (any document notified by Central Gernment) is ticked in the proof of Identity.
3. Self-certification of documents is mandatory
4. In case PAN is not available father's name is mandatory

Entity Self certification