

LIFE INSURANCE CORPORATION OF INDIA

..... OFFICE

FORM OF APPLICATION TO DISPENSE WITH LEGAL EVIDENCE OF TITLE

POLICY No..... for Rs.....

on the life of..... (Deceased).

I, of

(address) widow/eldest son/..... of the above named

..... do hereby solemnly declare that the above Policyholder died intestate and I

request that legal evidence of title required in terms of the above Policy be dispensed with and I hereby

solemnly declare that the following statements are true to the best of my knowledge and belief :-

<p>1. (a) Full name, address and occupation of the deceased at the time of his death.</p> <p>(b) What was the deceased's caste and religion?</p> <p>(c) Was he/she a Hindu, Sikh, Jain or a Buddhist, the succession to whose estate is governed by the Hindu Succession Act, 1956 ?</p> <p>(d) Was he a Mohammedan, the succession to whose estate is governed by the Mohammedan Law ?</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>2. When and where did he die ?</p>	<p>_____</p>
<p>3. Has he left any Will ?</p>	<p>_____</p>
<p>4. (a) Has the deceased left any other estate, besides the moneys due under the above Policy for which evidence of Title, such as a Succession Certificate is or has to be obtained ?</p> <p>(b) Was the deceased insured with any other Branch Office of the Corporation ? If so state.</p>	<p>(a) _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(b) _____</p> <p>_____</p>

- | | |
|--|----------------------|
| (i) The name of the Branch Office. | (i) _____ |
| (ii) Number/s of the Policy/ies, and amount due under each of such Policy/ies, and | (ii) _____
_____ |
| (iii) Name/s of the Assignees/s or Nominee/s under the above Policy/ies. | (iii) _____
_____ |

NOTE :- **In the case of Hindus**, if any of the relations mentioned in statement 5 herein were adopted, please state full details regarding such adoption.

5. (A) Has the deceased left any of the following relations, and if so, give their full names and ages.

	Full Name	Age
(a) Sons	(1) _____ (2) _____ (3) _____ (4) _____	_____ _____ _____ _____
(b) Daughters	(1) _____ (2) _____ (3) _____ (4) _____	_____ _____ _____ _____
(c) Widow or Widows / Widower	_____	_____
(d) Mother	_____	_____
(e) Sons, Daughters & Widows of predeceased sons (i.e. of sons who died before the Assured)	_____ _____ _____	_____ _____ _____
(f) Sons & Daughters of Predeceased daughters (i.e. of daughters who died before the Assured)	_____ _____ _____	_____ _____ _____

(g) Sons, Daughters & Widows of predeceased sons of predeceased sons	_____	_____
(h) Father	_____	_____
(i) Brothers	_____	_____
(j) Sisters	_____	_____

If any of the aforesaid relations are minors, state with whom the minors are living and by whom they are being maintained

5. (B) Has the deceased left any other relations, whether as Sharers, Residuaries or Distant Kindred, besides those stated in reply to Q. No. 5 (A) ? If so, please give the particulars as under:

Full name of the person	Relationship with the Life assured	Present age
1		
2		
3		
4		
5		

NOTE : This information is required in the case of Mohammedan Policyholders only.

6. If the deceased has not left any of the aforesaid relatives, but has left remoter relations such as Grand Parents, brother's or sister's children etc. give the names and ages, of all such remoter relations.	_____	_____
	_____	_____
	_____	_____
	_____	_____

<p>7. State which of the relatives as noted in answer to Questions 5 & 6 are Claimants to the Policy moneys and whether there is any dispute between any of the relatives in this connection.</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>8. Give the full name, age and address of a person of sound financial standing who is prepared to execute an Indemnity Bond jointly with the heirs of the deceased.</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>

Dated at _____ this _____ day of _____ 20 _____

Witness:

Name: _____ Signature _____

Designation: _____ Address: _____

Address _____

N.B.: This form must be completed before (1) an Advocate, (2) an Agent of the Corpn. (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 Commissioner of Oaths, (6) a Doctor, (7) a Gazetted Officer, (8) a Head Master of a High School, (9) a Head Postmaster or Departmental Sub-Postmaster 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 Chairman's Club Members before joining (14) President of a Village Panchayat of Local Board.