



पेंशन एवम् समूह बीमा योजना विभाग  
PENSION & GROUP SCHEMES DEPARTMENT

Annexure VII

**PART- A - CREDIT ACCOUNT STATEMENT**

(to be used only in cases of schemes involving Lender Borrower Groups)

1. Name of the Group Master Policy Holder : \_\_\_\_\_
2. Group Master Policy Number : \_\_\_\_\_
3. Name of the Insured Member : \_\_\_\_\_
4. Date of Birth : \_\_\_\_\_
5. LIC ID : \_\_\_\_\_
6. Date of Commencement of Risk : \_\_\_\_\_
7. Date of Death : \_\_\_\_\_
8. Sum Assured for which the Member was Insured : \_\_\_\_\_
9. Original Loan Amount : \_\_\_\_\_
10. Particulars/Amount of recoveries made by the Master Policy Holder towards Loan : \_\_\_\_\_
11. Outstanding Loan – Balance as on the date of death (9 – 10) : \_\_\_\_\_
12. Balance Loan Amount – Claim payable to the Master Policy Holder (8 minus 11) : \_\_\_\_\_
13. Balance Claim Amount payable to the beneficiary of the insured member ( 8 minus 12) : \_\_\_\_\_

We hereby declare that the information/details furnished in the Credit Account Statement are verified for accuracy and answers to all the above questions are true in every respect. We certify that we have obtained authorization from the insured member for making payment to us, to the extent of outstanding loan.

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

\_\_\_\_\_  
Signature of the Authorized Signatory of MPH

\_\_\_\_\_  
Seal of MPH

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**PART - B - DISCHARGE RECEIPT FOR PAYMENT UNDER ELIGIBLE LENDER BORROWER SCHEME**

Policy Number \_\_\_\_\_ Name of the insured member \_\_\_\_\_

We, \_\_\_\_\_ (Name of the Master policy Holder) & -----  
----- (Name of the beneficiary) do hereby acknowledge receipt from the  
LIC OF INDIA a sum of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_  
\_\_\_\_\_) in full satisfaction and discharge of all our claim/s under the above  
policy on the life of Mr/Ms. \_\_\_\_\_, covered under this scheme under Membership No / LIC id \_\_\_\_\_

Amount payable to the Master Policy Holder : Rs. \_\_\_\_\_

Amount payable to the Beneficiary : Rs. \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20

Witness: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Revenue  
Stamp

\_\_\_\_\_  
(Signature of the Nominee\* /Claimant)& Signature of MPH with office seal)

**PART - C - Details of nominee:**

Name : \_\_\_\_\_  
Mobile No. : \_\_\_\_\_ E-mail Id : \_\_\_\_\_  
Bank Account No. : \_\_\_\_\_  
Name of the Bank : \_\_\_\_\_ Branch : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
IFSC Code : \_\_\_\_\_

**(Copy of cancelled cheque to be attached)**

**PART - D - Certification**

We authorize you to make payment as stated in 13 to the above person directly whose name is registered as Nominee in our books in respect of the insured member. We hereby declare that the information/details furnished in the credit account statement in Part-A are correct and as available in our books. We have obtained authorization from the insured member for making payment to us (Master Policy Holder), to the extent of outstanding loan.

Signature of Master Policy Holder  
Registration Number  
With Seal