

FORM OF APPLICATION TO DISPENSE WITH LEGAL EVIDENCE OF TITLE

(To be executed on a Non-Judicial Stamp Paper of Rs. 200/-)

Policy No/s. _____

Name of the Life Assured: Mr/Ms _____

Name of the Policy Owner: Mr/Ms. _____

I / We _____ residing at _____ and at _____ who is / are the _____ (state the relationship to the deceased Life Assured / Policy) owner do hereby request Birla Sun Life Insurance Company Limited (the "Company") to dispense with the legal evidence of title to the Policy/Policies moneys on the basis of the details furnished below which are true, correct and complete. Further, I / we undertake to execute an Indemnity Bond in favour of the Company, with or without a Surety, as may be decided by the Company, on its agreeing to dispense with the legal evidence of title and agreeing to pay me / us the moneys payable under the Policy/Policies.

1) (a) Full Name of the Life Assured/
Policy Owner and address at the time of his
death.

(b) What was the deceased's religion?

2) When and where did the Life Assured/ Policy Owner died?

3) Has the Life Assured/Policy Owner left a will?

4) (a) Has the deceased Life Assured/Policy Owner left any other estate besides the moneys due under the above Policy for which Evidence of Title, such as a Succession Certificate is to be obtained?

(b) Was the deceased Life Assured/Policy Owner insured with any other Life Insurance Company?
If so, give the details of such policies stating the policy number, inception date and sum assured

5) Has the deceased Life Assured/Policy Owner left behind any of the following relations, and if so, give their full names and ages.

	Full Name	Age
(a) Sons	(1) _____	_____
(aa) Children of any predeceased son	(2) _____	_____
	(3) _____	_____
(b) Daughters	(1) _____	_____
(bb) Children of any predeceased daughter	(2) _____	_____
	(3) _____	_____
(c) Widow or Widows/ Widower	_____	_____
(d) Mother	_____	_____
(e) Father	_____	_____
(f) Brothers	_____	_____
(g) Sisters	_____	_____
(6) If any of the relations at (a) (aa) and (b)(bb) above are minors, please state under whose care and custody (of the above relations at (c) to (g) are they at present:	_____ _____ _____ _____	_____ _____ _____ _____
(7) State which of the relatives are claimants to the policy moneys and whether there is in any dispute between any of the relatives in this connection.	_____ _____ _____	_____ _____ _____
(8) Give the full name, age and address of a person of sound financial standing and who is not related to the claimant / s (Applicant/s), who is prepared to execute an Indemnity Bond jointly with the claimant/s(Applicant/s).	_____ _____ _____	_____ _____ _____

Dated _____ this _____ day of _____

Signature _____
Name of the Applicant _____

Date: _____

Signature _____
Name of the Applicant _____

Date: _____

To be attested by a Notary Public