

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

Date:

Aditya Birla Sun Life Insurance Company Ltd.  
Claims Department

Dear Sir,

**Re: “No Objection Certificate” in regard to the payment of benefits to the Relation  
XXXXXX of Life Insured XXXXXX under Policy No. XXXXXXXX**

We Mr. XXXX/ Ms. XXXX do hereby state that we have no objection to Aditya Birla Sun Life Insurance Company Limited paying the benefits, whatsoever, under Policy No. \*\*\*\*\* (on the life of Late **Life Insured XXXXXX**) to his **(Relation) XXXX, (Name) XXXXXXXX** and further state that the payment made by Aditya Birla Sun Life Insurance Company Limited to her/him, shall constitute a full and final discharge of all the liabilities of Aditya Birla Sun Life Insurance Company Limited, relating to the benefit payable under the aforesaid Policy.

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Place:

Date:

Authorized Signatory  
(Seal and Sign)

Witness:

1.

2.

**Photo Id proof to be attached of all the legal heirs should be submitted along with their signatures and attestations of the Notary.**