



Allied Insurance Company

Individual Life Insurance Survival Benefit Discharge Form

I. DETAILS OF POLICY CLAIM AMOUNT

POLICY NO:	CUSTOMER ID NO:
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CALCULATION	AMOUNT (MVR)
SUM ASSURED	
SURVIVAL BENEFIT AMOUNT	
EXTRA PREMIUM RECEIVED (IF ANY)	
LESS	
UN-PAID INSTALLMENTS OF PREMIUM	
FINANCIAL CHARGES DUE ON ABOVE	
NET AMOUNT PAYABLE	

II. PAYMENT DETAILS

NAME (IN FULL):
PERMANENT ADDRESS:
CURRENT ADDRESS:

SELECT PREFERRED PAYMENT OPTION (SELECT ONE OPTION) CHEQUE ACCOUNT TRANSFER

** FOR ACCOUNT TRANSFER PLEASE PROVIDE BANK DETAILS BELOW:*

ACCOUNT NO:	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME OF BANK:	<input type="text"/>		
BANK ADDRESS:	<input type="text"/>		

IMPORTANT: PLEASE ATTACH ORIGINAL POLICY DOCUMENT ALONG WITH THIS FORM

CONFIRMATION

NAME OF ASSURED:
DATE:
SIGNATURE:

OFFICE USE

NAME OF HANDLER:
POSITION:
DATE:
SIGNATURE & STAMP: