



LICI HOUSE, Butt Street, GPO BOX 266, Suva. FIJI
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**FORM OF DISCHARGE FOR
Survival Benefit / Discounted Claim / Maturity Claim**

Policy No: _____ **Life Assured:** _____

I _____ the Life Assured/ Assignee under the above policy do hereby acknowledge receipt of Fijian Dollars _____ from the Life Insurance Corporation of India in full satisfaction and discharge of my entire claim under the above policy which matures / Survival Benefit is payable on _____.

Sum Assured \$ _____ Vested Bonus \$ _____ Interim Bonus \$ _____ Total \$ _____ (A)	Less: Unpaid premium due \$ _____ Late Fee \$ _____ 'X' Charge \$ _____ Loan \$ _____ Loan Interest \$ _____ Arrears of Premiums \$ _____ Total \$ _____ (B)
Net Payment (A-B)	
\$	

Signature of Witness: _____
 Full Name of witness: _____
 Title: _____
 Address: _____

Signature of the Assured / Assignee

Name: _____
 Address: _____

 E-mail: _____
 Phone: _____ Mobile: _____
 Date: ___/___/___ Place: _____

Please tick ONE option for cheque dispatch (SURVIVAL BENEFIT Only)

1. Personal collection at LICI Suva Office
2. Personal collection at LICI Lautoka Office
3. Personal collection at LICI Labasa Office
4. Cheque to be posted to my present address below:

5. Cheque to be sent through Courier Freight forward:

**Please attach photocopy of your valid photo ID for
Collection of Survival Benefit cheque**