



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

- Personal collection at LICI Suva Office
- Personal collection at LICI Lautoka Office
- Personal collection at LICI Labasa Office
- Cheque to be posted to my present address below:
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.....
.....
- Cheque to be sent through Courier Freight forward:
.....
.....
.....

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