

To The Chief/Sr./Branch Manager			
Dear Sir,		Proceeds of my Policy No	
Re. : Reinvestmen	t out of Claim Procee	ds of my Policy No	
which is due on/			
I like to reinvest the full/part amou own life / on the life of my wife / sor	unt of the Claim proceed n / daughter, as detailed	ds for taking a new pro here under.	pposal of Insurance on m
1. Name of the Life to be Assured	i		·
2. Address			
4. Proposed SA, Plan & Term			
5. Amount Rs			
I do hereby authorize LIC of	India,	Brand	ch to utilize the Full / Par
	r roposaron the life to b	e assured as mentione	ad above.
Please proceed accordingly.			
Date:		Yours faithfu	illy.
Place:			
	Signature of the Claim	ant :	
	Full Name :		
	Mobile No. :		
Witness:			
1. Signature of the Agent		Agent C	Code No
2. Signature of Dev. Officer		DOC	ode No
F P - 200 Pads (100X1) 03/21			