## CONSENT LETTER FROM POLICY HOLDER FOR REINVESTMENT OF SB/MATURITY PROCEEDS

To, Chief/ Sr./ Branch Manager	
LIC of India  Branch Office, <u>[place]</u> .	
Sir/Madam,	
Re.: Payment instruction / Authority for Policy no towards	or using the Survival /Maturity Benefit amount of spayment of premium of new policy.
payment of Survival/ Maturity Benefit amount of	by inform you that my Policy no is due fo Rs / on(date) However, I wish to to apply the full / part of said claim amount receivable to
payable to me under the Policy no	tu that, out of total amount of Rs
<ul> <li>Name of Agent with Agency Code:</li> </ul>	1;
Proposal by LiC of India. Upon acceptance of above Policy Document containing Terms & Conditions fro  I understand that under this authority letter the LiC existing policy towards proposal deposit for the net the other necessary formalities as may be required to submission of duly completed and signed Propodocuments etc.  I understand that the issuance of new policy shall accordance with its existing Rules and Underwriting policy will be different as per underwriting decision the premium, if any, as applicable for the new policy. In the event of the new policy is not issued to me deposit will be refunded to me [subject to deduction a period of 30 working days from the date of rejections.]	of India shall use amount of Survival/ Maturity benefit under two policy, however I shall be entirely responsible to complete I for issuance of new policy, such as, including but not limited sal Form, undergoing medical tests, if any, submission of KYC always be subject to acceptance of proposal by LIC of India in practices. I understand that the applicable premium for new not the LIC of India and I undertake to pay deficit amount of y as per LIC's underwriting decision.  The for any reason whatsoever, then the amount of proposal ins, if any to my registered bank account through NEFT within on of proposal.  The decided to reinvest the amount of Survival/Maturity Benefit in the and well understood the terms & conditions and also the
Witness Signature: Full Name : Address : Mobile No.: Email :	(Signature of Policy Holder) Full Name : Address : Mobile No.: E-mail :
Witness Signature:	Date :
Full Name :	Place:
Email :	