

Retail Product Claim Form (Annexure) - Page 1

DETAILS OF CLAIMANT 2/NOMINEE 2/LEGAL HEIR 2

Claimant Name (In Case of Guardian, submit Guardian Certificate):

☐ Mr. ☐ Ms. First Name

Middle Name  Last Name

Date of Birth:

Address:

City:

State:

Pin Code:

Landline No. (Residence):  -

Landline No. (Office): STD  - Phone

Mobile No. (Mandatory):

Personal Email ID:

Office Email ID:

Relation with the Life Assured: ☐ Spouse ☐ Children ☐ Parents  
☐ Other (Please specify)

Claimant's Title: ☐ Nominee ☐ Executor ☐ Trustee ☐ Appointee ☐ Employer ☐ Assignee ☐ Beneficiary

Claimant's PAN/Form 60 Details: ☐ PAN Card   
☐ Form 60

Politically Exposed Person: ☐ Yes ☐ No

Are you a US Citizen or US tax resident: ☐ Yes ☐ No (If yes, please fill FATCA/CRS Certification)

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### CLAIMANT NEFT MANDATE/BANK ACCOUNT DETAILS

In case of Children, if beneficiary is Major, please provide beneficiary's account details.

Bank Account Number:

[illegible]

Bank Name:

Branch: 

**Account Type:** ☐ Saving Account ☐ Current Account ☐ NRO Account ☐ NRE Account

[illegible]

Mandatory for Pension Plans. Please indicate how you would like to receive the benefits.

☐ Entire amount as Lumpsum      ☐ Entire amount as Annuity      ☐ Part as Annuity part as Lumpsum      ☐ As Installments

IRDAI Registration number: 165, CIN: U66000PN2021PLC206995. Registered Name: Go Digit Life Insurance Limited, Registered Office Address: Ananta One (AR One), Pride Hotel Lane, Narveer Tanaji Wadi, City Survey No.1579, Shivajinagar, Pune - 411005, Maharashtra, Corporate Office Address: Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru-560095, Karnataka, Help line no.: 9960126126 / 18002962626. Website: [www.godigit.com/life](http://www.godigit.com/life)

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**Beware of Spurious/Fraud Phone Calls: IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.**

DETAILS OF CLAIMANT 3/NOMINEE 3/LEGAL HEIR 3

Claimant Name (In Case of Guardian, submit Guardian Certificate):

☐ Mr. ☐ Ms. First Name

Middle Name  Last Name

Date of Birth:

Address:

City:

State:

Pin Code:

Landline No. (Residence):  -

Landline No. (Office): STD  - Phone

Mobile No. (Mandatory):

Personal Email ID:

Office Email ID:

Relation with the Life Assured: ☐ Spouse ☐ Children ☐ Parents

☐ Other (Please specify)

Claimant's Title: ☐ Nominee ☐ Executor ☐ Trustee ☐ Appointee ☐ Employer ☐ Assignee ☐ Beneficiary

Claimant's PAN/Form 60 Details: ☐ PAN Card

☐ Form 60

Politically Exposed Person: ☐ Yes ☐ No

Are you a US Citizen or US tax resident: ☐ Yes ☐ No (If yes, please fill FATCA/CRS Certification)

CLAIMANT NEFT MANDATE/BANK ACCOUNT DETAILS

In case of Children, if beneficiary is Major, please provide beneficiary's account details.

Bank Account Number:

Account Holder Name: First Name  Middle Name   
Last Name

Bank Name:

Branch:

Account Type: ☐ Saving Account ☐ Current Account ☐ NRO Account ☐ NRE Account

IFSC Code:  MICR Code:

Mandatory for Pension Plans, Please indicate how you would like to receive the benefits.

☐ Entire amount as Lumpsum ☐ Entire amount as Annuity ☐ Part as Annuity part as Lumpsum ☐ As Installments

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DETAILS OF CLAIMANT 4/NOMINEE 4/LEGAL HEIR 4

Claimant Name (In Case of Guardian, submit Guardian Certificate):

☐ Mr. ☐ Ms. First Name

Middle Name  Last Name

Date of Birth:

Address:

City:

State:

Pin Code:

Landline No. (Residence):  -

Landline No. (Office): STD  - Phone

Mobile No. (Mandatory):

Personal Email ID:

Office Email ID:

Relation with the Life Assured: ☐ Spouse ☐ Children ☐ Parents  
☐ Other (Please specify)

Claimant's Title: ☐ Nominee ☐ Executor ☐ Trustee ☐ Appointee ☐ Employer ☐ Assignee ☐ Beneficiary

Claimant's PAN/Form 60 Details: ☐ PAN Card   
☐ Form 60

Politically Exposed Person: ☐ Yes ☐ No

Are you a US Citizen or US tax resident: ☐ Yes ☐ No (If yes, please fill FATCA/CRS Certification)

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CLAIMANT NEFT MANDATE/BANK ACCOUNT DETAILS

In case of Children, if beneficiary is Major, please provide beneficiary's account details.

Bank Account Number:

Account Holder Name: First Name  Middle Name   
Last Name

Bank Name:

Branch:

Account Type: ☐ Saving Account ☐ Current Account ☐ NRO Account ☐ NRE Account

IFSC Code:  MICR Code:

Mandatory for Pension Plans, Please indicate how you would like to receive the benefits.

☐ Entire amount as Lumpsum ☐ Entire amount as Annuity ☐ Part as Annuity part as Lumpsum ☐ As Installments

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