

From :

To :

The Branch Manager

L.I.C. of India

Branch :

Date :

Dear Sir,

Ref : Proposal No. / Policy No. of Mr./Mrs.
of Mr./Mrs. with reference to the above I request you do the needful in respect of
Sl.No.s.....

1. Please admit my age based on SSC Marks Card / Passport / Service Record / Previous Policy No.
2. Please accept my consent for Health Extra/Age Extra/Impairment Extra @ Rs.
per Rs. 1000 S.A. as per your letter dtd.....The balance amount of
Rs..... is paid vide BOC No. dtd.....
3. I have paid the YLY/HLY/QLY/MLY premium due dtd.vide your BOC
No..... dtd for Rs.Please issue
me a stamped receipt for the same.
4. I authorise Mr./Mrs.to collect my policy
Bond, who is an agent/D.O.of yourBranch
5. I have not received the Policy Bond. Please arrange to sent immediately.
6. Police Number / Mode / Premium Amount / Term/Table /is
mentioned wrongly in the Policy Bond/Premium Reminder Receipt. Please correct it and intimate me.
7. Please alter the mode of payment fromto YLY/HLY/QLY/MLY/SSS.
8. Make note to change in my address as above.
9. Note the change of nomination / Appointee as per enclosure.
10. I have not been receiving Premium notices for the pastmonths.
11. I request you to change the mode to SSS from YLY/hly/QLY/MLY, please find enclosed duly. completed
authority letter with P.A. Code No.of M/s
I have already paid the YLY/HLY/QLY/MLY. Premium due dtd.on date
.....vide receipt No
12. Please transfer my policy toBranch. I have paid the YLY/
HLY/QLY/MLY premium due dtd.on date.....
13. I have lost my above Policy Bond. Please let me know the formalities for issue of a duplicate policy.
14. Kindly issue a Premium Certificate fromtofor
the purpose of Income Tax..
15. Please let me know the loan amount / Surrender value / Discounted value available under the above policy.
16. Please issue a quotation for Revival of policy under Ordinary / Special / Loan/ Survival Benefit Revival
Scheme.
17. Please issue me a discharge form for Survival Benefit/Maturity Claim/Loan Application.
18. Please reimburse the Special Report Medical Fee (receipt enclose)
19. Please find enclosed the original Policy for doing the needful Under Sl.No.above.
20.

Thanking you in anticipation of your early & quick action.

Your faithfully,

(Signature)

Encl :