

Beneficiary Information:

- 1) Beneficiary Name: _____ 2) Relation with the Deceased: _____
- 3) Address: _____
- 4) Bank Name: _____ 5) Account Type: _____
- 6) Account No.: _____ 7) IFSC Code: _____
- 8) Aadhar No.: _____ 9) Contact No.: _____
- 10) E-Mail ID: _____ 11) PAN No: _____

Declaration & authorization by Group Policy holder & beneficiary/beneficiaries

I/We , the above mentioned claimant/s do solemnly declare the foregoing statements are true & agree that furnishing this form, or any other form supplemental thereto, by the company, shall not constitute an admission by it that there was any insurance in force on the life in question or a waiver of any rights or defence. We agree that submission of this form will not be construed as acceptance of claim by Aegon Life Insurance Co. Ltd. I/we hereby give our/my consent to Aegon Life Insurance Co. Ltd and/or its representative to obtain all past/present employment/birth & death registrar/medical/Govt. or Pvt Hospital records/other records(including photocopies)/information pertaining to the treatment/occupation of the deceased and/ or conduct such investigations as it may deem fit. We agree that payment of claim amount shall constitute discharge of liability of Aegon Life Insurance Co.Ltd

Signature of Claimant/Beneficiary

Name: _____

Date: _____

Signature of Authorized Signatory
With Company Seal

Name & Designation: _____

Date: _____

Vernacular Declaration (if the Claimant signs in vernacular or affixes thumb impression, the witness should also sign the following declaration):

Certified that the contents of this form were explained to the claimant in vernacular and he/she has affixed his/ her signature/thumb impression hereto after fully understanding the same.

Signature of the Witness: _____

Address: _____

Name of the Witness: _____ Contact No. of the Witness: _____

Note: Witness declaration to be signed by any of these: Official of MPH or any other person of local standing / Special Executive Magistrate / Notary / Lawyer / Class 1 Gazetted Officer.



Registered Office: Aegon Life Insurance Company Limited, Building No.3, Third Floor, Unit No.1, NESCO IT Park, Western Express Highway Goregaon (E), Mumbai - 400063.

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