

AUTHORISATION FORM

Place: _____

Date: _____

**Re: Death Claim under Group Policy No. _____ issued by Edelweiss Tokio Life Insurance Co. Ltd.
on the life of Mr/ Mrs. _____ (Deceased).**

1) I, Mr./Ms. _____, (Nominee) am the parent/lawfully married spouse/child of Mr./Ms. _____ (Insured Member) under the Group Policy Number _____ (Policy) issued to _____ (Master Policyholder) by Edelweiss Tokio Life Insurance Co. Ltd. (Insurer).

2) I confirm that Rs. _____ is the Sum Assured under the Policy which has become payable to me by the Insurer upon the death of the Insured Member. I further confirm that as the parent/lawfully married spouse/child of the Insured Member, I am beneficially entitled to the Sum Assured under the Policy in accordance with the provisions of Section 39(7) of the Insurance Act 1938 (as amended).

3) I confirm that I have been provided a copy of the Credit Account Statement of the Insured Member by the Master Policyholder which is annexed to this Form. I declare and acknowledge that per this Credit Account Statement Rs. _____ is the Outstanding Loan Balance payable by the Insured Member to the Master Policyholder on the date of his/her death.

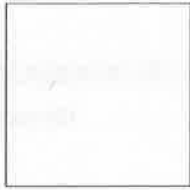
4) I hereby freely consent and authorise the Insurer to deduct an amount equal to the Outstanding Loan Balance from the Sum Assured payable to me and to make payment of this amount directly to the Master Policyholder. I agree that the remainder of the Sum Assured will be payable to me in full satisfaction of the death claim of the Insured Member under the Policy. I hereby discharge the Insurer from all liabilities under the Policy and I agree and acknowledge that nothing would become payable thereafter on settling the above said amount in the manner I have authorised.

5) I hereby represent and declare to the Insurer that I have not assigned or promised any portion of the Sum Assured to any other person.

6) I hereby agree to indemnify and hold the Insurer free and harmless from any and all claims, actions or proceedings that may arise under or in relation to the payment of the Outstanding Loan Balance amount to the Master Policyholder.

7) I hereby declare that the statements made above are true and accurate and that the authorisation to the Insurer to make payment of the Outstanding Loan Balance to the Master Policyholder has been made with my free and informed consent. I further agree and declare that I have executed this form willingly and voluntarily, with proper knowledge, without any pressure, coercion, undue influence (commercial or otherwise) and I fully understand its contents and significance.

Signed at _____ this _____ day of _____ 20_____



Authorized Signatory

_____ Limited

Witness

Name: _____

Address: _____

Signature: _____

Note:

1. The Master Policy Holder should sign across the Revenue stamp of Re.1.
2. On receipt of this Form duly signed by the Master Policy Holder (_____), Edelweiss Tokio Life Insurance Co. Ltd. will remit the Outstanding Loan Balance to the Master Policy Holder.