

**(To be executed on stamp paper of appropriate value ---- and to be notarised)**

**Affidavit**

We, 1. MR./ Ms. \_\_\_\_\_, aged \_\_\_ Yrs, \_\_\_\_\_ Caste \_\_\_\_\_  
2 MR./ Ms. \_\_\_\_\_, aged \_\_\_ Yrs, \_\_\_\_\_ Caste \_\_\_\_\_  
3. MR./ Ms. \_\_\_\_\_, aged \_\_\_ Yrs, \_\_\_\_\_ Caste \_\_\_\_\_  
All residing at \_\_\_\_\_ hereby solemnly affirm and declare on oath as under:

1. That Shri/ Mrs. \_\_\_\_\_ was insured with SBI Life Insurance Co. Ltd vide policy no. \_\_\_\_\_.
2. That Shri/ Mrs. \_\_\_\_\_ has expired on \_\_\_\_\_ (date of death).
3. That we are the legal heirs of Shri/ Mrs. \_\_\_\_\_ and therefore we have requested the SBI Life Insurance to give the death claim benefits of the above policy to us by releasing, the claim amount in favour of Shri/Mrs. \_\_\_\_\_ as stated in the Joint Indemnity Bond.
4. That we also affirm and declare that we are the only Class I Heirs to the deceased Sri /Smt-----
5. That we hereby declare that we have not applied for obtaining any succession Certificate/ Certificate of inheritance in any court of law.
6. That we also affirm and acknowledge that based on this affidavit, the SBI LIFE INSURANCE Co LTD is considering our request to waive the evidence of Legal Title and by virtue of any payment made to us by SBI LIFE INSURANCE CO LTD by waiving the evidence of Legal Title, in case, SBI Life Insurance Co Ltd suffers any loss or damage, we hereby jointly and severally undertake to indemnify SBI LIFE and keep indemnified against all losses or damages which the SBI LIFE may incur as a consequence of any claim settled to us.
7. We affirm that the facts narrated above are true and correct and there is no discrepancy in it.

**Deponents**

**Verification**

I, MR./ Ms.1. \_\_\_\_\_, 2. \_\_\_\_\_, 3. \_\_\_\_\_ the Deponents, do hereby verify and declare that the facts stated above are true and correct. To the best of our knowledge and belief, which I declare on oath on this \_\_\_ Day of \_\_\_\_\_ 200 .

**Deponents**



**SBI LIFE INSURANCE CO. LTD.**  
**Central Processing Cell**  
**Claims Department**

**Application to Dispense with Legal Evidence of Title**

POLICY NO ..... for Rs. ....  
on the life of ..... (Deceased).

I, ..... resident of .....  
.....  
(address)

widow / eldest son / ..... of the above named deceased Life Assured do hereby solemnly declare that the above policyholder died intestate and I request that legal evidence of title required in terms of the above Policy be dispensed with and I hereby solemnly declare that the following statements are true to the best of my knowledge and belief :-

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1. (a) Full name, address and occupation of the deceased at the time of his death. \_\_\_\_\_  
\_\_\_\_\_
  - (b) What was the deceased's caste and Religion ? \_\_\_\_\_
  - (c) Was a Hindu, Sikh, Jain or a Buddhist, the succession to whose estate is governed by the Hindu Succession Act, 1956? \_\_\_\_\_
  - (d) Was he a Mohammedan, the succession to whose estate is governed by the Mohammedan Law ? \_\_\_\_\_  
\_\_\_\_\_
- 
2. When and where did he die ? \_\_\_\_\_
- 
3. Has he left any Will ? \_\_\_\_\_
- 
4. (a) Has the deceased left any other estate besides the money due under the above policy for which evidence of Title, such as a Succession Certificate is or has to be obtained ? \_\_\_\_\_  
\_\_\_\_\_
  - (b) Was the deceased insured with any other Company? If so give details. \_\_\_\_\_  
\_\_\_\_\_

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- (i) Name of the Company (i) \_\_\_\_\_
- (ii) Number/s of the Policy/ies and amount due under each of such Policy/ies , and (ii) \_\_\_\_\_
- (iii) Name/s of the Assignee/s or Nominee/s under the above Policy/ies. (iii) \_\_\_\_\_

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NOTE :- In the case of Hindus, if any of relations mentioned in statement 5 herein were adopted, please state full regarding such adoption.

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5. (A) Has the deceased left any of the following relations, and if so, give their full names and ages

	Full Name	Age
(a) Sons	(1) _____	_____
	(2) _____	_____
	(3) _____	_____
	(4) _____	_____
(b) Daughters	(1) _____	_____
	(2) _____	_____
	(3) _____	_____
	(4) _____	_____
(c) Widow or Widows / Widower .....	_____	_____
(d) Mother	_____	_____
(e) Sons, Daughters & Widows of predeceased sons ( i.e. of sons who died before the Assured )	_____	_____
(f) Sons & Daughters of Pre - deceased daughters ( i.e. of daughters who died before the Assured )	_____	_____

(g) Sons, Daughters & Widows of of predeceased sons of predeceased sons		
(h) Father		
(i) Brothers		
(j) Sisters		

If any of the aforesaid relations are minors, state with whom the minors are living and by whom they are being maintained .....

5. (B) Has deceased left any other relations, whether as Sharers, Residuaries or Distant Kindred, besides those stated in reply to Q.No. 5(A)? If so, please give the particulars as under:

	Full name of the person	Relationship with the Life assured	Present age
1			
2			
3			
4			
5			

NOTE: This information is required in the case of Mahomedan Policyholder only.

6. If the deceased has not left any of the aforesaid relatives, but has left remoter relations such as Grand Parents, Brother's or Sister's Children etc. give the names and ages, of all such remoter relations		

7. State which of the relatives \_\_\_\_\_  
 as noted in answer to Questions \_\_\_\_\_  
 5 & 6 are Claimants to the Policy \_\_\_\_\_  
 moneys and whether there is any \_\_\_\_\_  
 dispute between any of the relatives \_\_\_\_\_  
 in this connection. \_\_\_\_\_

8. Give the full name, age and \_\_\_\_\_  
 address of a person of sound \_\_\_\_\_  
 financial standing who is \_\_\_\_\_  
 prepared to execute an \_\_\_\_\_  
 Indemnity Bond jointly with \_\_\_\_\_  
 the heirs of the deceased \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

Witness:

Signature: .....  
 Name .....  
 Designation .....  
 SS No. if Bank Authority .....  
 Address .....  
 .....  
 .....  
 Tel No: .....

Signature.....  
 (Applicant)  
 Address.....  
 .....

N.B. : This form must be completed before (1) and Advocate, (2) a Bank Manager, (3) a Block Development Officer, (4) a Commissioner of Oaths, (5) a Doctor, (6) a Gazetted Officer, (7) a Head Master of a High School (8) a Head Postmaster or Departmental Sub-Postmaster, (9) a Magistrate, (10) An Officer of SBI Life (11) President of a Village Panchayat of Local Board.

# SBI LIFE INSURANCE CO. LTD.

## Central Processing Cell Claims Department

### Joint Indemnity Bond

(To be stamped for appropriate value at the Stamp Office or Collector's office before EXECUTION, or to be copied out on a Non – Judicial Stamped Paper of equal value and notarized)

In consideration of the SBI life Insurance Co. Ltd., having agreed to settle the claim in favour of

.....  
.....waiving the legal evidence of title under  
*(Names of all the Class I legal heirs)*

Policy No. .... on the life of Shri/Smt .....  
*(Name of deceased LA)*

who has died intestate, I/We .....  
.....  
*(Names of all the Class I legal heirs)*

the legal heirs of Late Shri/Smt. .... hereby  
authorize SBI Life Insurance Co.Ltd. to make payment of Rs.....under Policy  
No. ....on the life of Late Shri/Smt.....  
towards death claim proceeds to Shri/Smt.....  
*(Name of the person authorized to receive the claim amount)*

wife/son/daughter of Late Shri/Smt .....

We the legal heirs hereby indemnify and keep indemnified SBI life Insurance Co. Ltd. from all the losses/damages/costs/expenses etc. that SBI Life Insurance Co. Ltd. has incurred/suffered or likely to incur/suffer by virtue of the payment of the said claim amount of ₹. ....under the Policy No. .... to Shri/Smt .....  
*(Name of the person authorized to receive the claim amount)*

We hereby undertake that this indemnity is absolute and unqualified and we agree that this indemnity bond is the sole basis, based on which, the SBI Life Insurance Co. Ltd. has agreed to waive the legal evidence of title under the Policy No. ....

#### Details of all Class I Legal Heirs

Sr. No.	Name & Address of the Legal Heir	Relation with the Deceased Life Assured	Age	Signature	Stamp size photograph of each legal heir
1					

2					
3					
4					
5					

hen provide the above details on separate page.

*N.B.: If payees are more than 5, t*

We.....  
.....

(Names of all the Class I legal heirs)

hereby further agree that such a payment to Shri/Smt.....

(Name of the person authorized to receive the claim amount)

shall be valid and complete discharge to SBI Life Insurance Co. Ltd.

Witness:

Signature: .....

Signature: 1.....

Name: .....

Signature: 2 .....

Address: .....

Signature 3 .....

.....  
.....

Tel No .....

Signature 4 .....

(Signature of all the Class I legal heirs)

Date: .....

Place: .....

***N.B: This form must be completed before (1) and Advocate, (2) Bank Manager, (3) a Block Development Officer, (4) a Commissioner of Oaths, (5) a Doctor, (6) a Gazetted Officer, (7) a Head Master of a High School (8) a Head Postmaster or Departmental Sub-Postmaster, (9) a Magistrate, (10) An Officer of SBI Life (11) President of a Village Panchayat of Local Board.***