

We write to convey that the under mentioned policyholder was covered under One year renewal Group Life Insurance scheme and has expired.

DETAILS OF THE DECEASED MEMBER (Please write in capital letters)									
1.	Name of the Life Assured (Deceased)	:							
2.	Date of Birth	:	D	D	M	M	Y	/	Y
3.	Date of Death	:	D	D	M	M	Y	/	Y
4.	Nominee Name & Relationship	:							
5.	Sum Assured	:							
6.	Cause of Death	:							
7.	Account details of Nominee								
	Account No.	:							
	IFSC Code	:							
	Bank & Branch Name	:							
	Nominee Mobile No.	:							

Certified that the information furnished is true and correct in every respect to the best of our knowledge and belief

Place:		Nominee Name :	
Date:			
	D D M M Y Y Y Y		

Nominee Signature

Authorized Signatory on behalf of the Master Policy Holder:														Date:					
Name & Designation:																			
Contact No.:												D D M M Y Y Y Y							

Aadhar Consent

I <Name of the Claimant.....authorize the Company to obtain necessary details like Name, DOB, Address, Mobile Number, Email, Photograph through the QR code available on my Aadhaar card/ XML File shared using the offline verification process of UIDAI. I understand and agree that this information will be exclusively used by SBI Life only for the KYC purpose and for all service aspects related to my policy/ies. I have duly been made aware that I can also use alternative KYC documents like Passport, Voter's ID Card, Driving licence, NREGA job card, letter from National Population Register, in lieu of Aadhaar for the purpose of completing my KYC formalities. I understand and agree that the details so obtained shall be stored with SBI Life and be shared solely for the purpose of issuing insurance policy to me and for servicing them. I will not hold SBI Life or any of its authorized officials responsible in case of any incorrect information provided by me.

I further authorize SBI Life that it may use my mobile number for sending SMS alerts to me regarding various servicing and other mattersrelated to my policy/ies.

Document Check list: -

Please refer below documents required for processing of insurance claim under GTL Policy (2025-26)

1. Claim form **completely filled** and duly attested by Branch.
2. Death Certificate - original or photocopy with clearly visible **QR Code**, duly attested by claimant and Branch.
3. KYC document of the Nominee / Claimant – photocopy self-attested by claimant and the Branch.
4. Nominee's/ Claimant's Bank Account Accounts detail (Copy of Bank Passbook duly attested by claimant and Branch or a cancelled cheque leaf having Nominee's / Claimant's name pre-printed on it etc).
5. Confirmation of Nominee details in **"Bank Confirmation form"** attached above.
6. In case, nominee not available in bank account, legal evidence of title in the form of Succession certificate from court having competent jurisdiction or following papers for waiver of submission of succession Certificate.
 - i. Affidavit on non-judicial stamp paper.
 - ii. Joint Indemnity Bond on the non-judicial stamp paper.
 - iii. Application to Dispense with Legal Evidence of title.
 - iv. Surety Letter with Income and KYC proof.

Branch Confirmation

(On Bank's Letter Head)
State Bank of India

Branch Name: _____

Branch Code No: _____

Address: _____

Email: _____

Telephone No: _____

Date: _____

Policy No.: 72100481905	Policy Period 22.02.2025 to 21.02.2026
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This is to certify that Shri/Smt/Ms. _____ who has expired on _____ (as per the documents enclosed), is a holder of Salary Package Account, the details of which are as under:

1	Name of the Salary Package Account holder	:	
2	Address in full (as per Bank records)	:	
3	Date of Death (as per death certificate)	:	
4	Details of SBI Branch where the Salary Package Account is maintained	:	Br. Name Br. Code Circle
5	Type of Salary Package account	:	
6	Salary Package Account details:	:	A/c No.
7	Details of last salary Credit (Copy of accounts statement / bank passbook to be attached)	:	Date of last salary credit Amount of credit (₹)
8	Claim amount under Group Term Life Insurance	:	
9	a. Nominee registered with the Bank on above mentioned Salary Package Account. (if any)	:	
	b. Address of Nominee	:	
	c. Phone No.	:	
	d. Nominee A/c details if recorded in CBS	:	
10	Full name of Joint Account Holder(s) of the above-mentioned Salary Package Account (for Joint Accounts only)	:	
	Full Address of Joint Account Holder	:	
	Phone No.	:	

(# please put which is applicable)

The Bank or its Officers will not be held responsible for the genuineness/authenticity of documents like FIR, Death Certificate, Postmortem report, etc, being submitted by the claimant to the Insurance Company. It shall be the responsibility of the Insurance Company to ascertain their authenticity. All further correspondence should be made directly between the claimant and the Insurance Company. The claim settlement will be entirely the responsibility of Insurance Company. All settlements/disputes will be between the claimant and the Insurance Company, and the Bank will not be a party to such disputes.

For State Bank of India,

Signature of Branch Manager (SS No. _____)
Name: _____