Joint Indemnity Bond

(To be stamped for on a Non – Judicial Stamped Paper of Rs.500/- and duly notarized)

In consideration of the Star Union Dai-ichi Life Insurance Company Ltd.(the Company), having agreed to settle the claim in favour of_____, waiving the legal evidence of title under Policy No._____**(said Policy)** on the life of Shri/Smt_____, who has died intestate, I/We_____and_____the legal heirs of Late Shri/Smt._____hereby authorize the Company to make payment of Rs_____under the said Policy 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 the Company from all the losses/damages/costs/expenses etc. that the Company has incurred/suffered or likely to incur/suffer by virtue of the payment of the said claim amount of Rs._____under the said Policy to Shri/Smt _____

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 Company. has agreed to waive the legal evidence of title under the said Policy.

We hereby declare that there is no dispute among us, the legal heirs about the said Policy money. We hereby also declare that there is no succession certificate or letter of administration or probate of will belonging to the said Policy money.

We 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 the Company

Sr. No.	Name & Address of the Legal Heir	Relation with the Deceased Life Assured	Signature	Stamp size photograph of each legal heir
1				
2				
3				

4				
5				

N.B.: If payees are more than 5, then provide the above details on separate page.

Witness:

Signature: ……

Name: ……..

Address with telephone number: ……..

Signature: …….

(Authorized to receive claim amount of all the Class I legal heirs)

Date: ……..

Place: …….