



WHATEVER YOUR NEEDS, WE HAVE A **PLAN FOR YOU**

Branch Office

Branch Address

330

E-SECTOR SHASTRI NAGAR JODHPUR - 342003

Policy No

Proposal Date

Agency Code 70001330 **Supervisor Code**

Name of Life Assured **Preetam Chand**

DOB of Life Assured 27-04-1992

15-10-2025

Proposer Address

Servate

561722179

S/O Vijay Kumar, , , krishna nagar new pali road, C-76, Jodhpur, Jodhpur Rajasthan 342005

Plan Name

LIC's Index Plus - 873

Sum Assured ₹ 3,00,000 Mode

Policy Term

Monthly

Instalment Premium

Premium Paying Term

₹ 2,500

20 Years

20 Years

Nominee 1

Nominee name **PRIYA DAS**

Percentage of Share

100 %

Relationship to LA Wife

Date of Maturity

Date of Last Payment

Date of Commencement

Whether Age Admitted

15-10-2045

acceptance printed overleaf.

19-09-2045

15-10-2025

Yes

Dear Sir / Madam.

Your proposal for Assurance as per particulars noted in the schedule has been accepted by the Corporation as proposed at the ordinary rates / with AB and DB. We have also received the amount noted in the schedule being the First premium on the policy assurance for the plan and amount indicated there in, The Acceptance of the payment places the corporation on risk with effect from date of this Acceptance- cum-First Premium Receipt or if the proposal is under the Children Deferred Assurance Plan from the deferrened date on terms and conditions of the policy of assurance which will be sent shortly. The issue of this receipt is also subject to the realisation of the cheque or amount in Cash and the terms and conditions of

Total Amount Recieved: Rs. 2,500

G.S.T: Rs. 0

GSTIN: 08AAACL0582H2ZL Balance held in Deposit Rs. NIL

UIN: 512L354V01

DATE & TERMS AND CONDITIONS OF ACCEPTANCE 15-10-2025

Important to note that if any change in your preparation or any adverse circumstances connected with your financial position or general health of yourself or that of your family however unimportant you may consider the same occurs between the date of proposal and the date of this Receipt or if a proposal for assurance or an application of revival of a policy on your life made to any Office of the Corporation has since the date of this proposal been withdrawn or dropped deferred or declined or accepted at an increased premium or subject to alteration on terms otherwise than as proposed or if you have been selected for service in any of the branches of Military Naval or Airforce services between the date of this proposal and the date of issue of this receipt this assurance will be invalid and all moneys which shall have paid in respect thereof will be forfeited unless intimation of such event be made in writing to the Corporation and this acceptance or proposal be reapproved by the Corporation.

IF YOU DO NOT RECEIVE POLICY WITHIN TWO MONTHS PLEASE WRITE TO THE CONCERNED BRANCH OFFICE MEANWHILE PLEASE PAY THE NEXT PREMIUM WHEN DUE.

This receipt is electronically generated.