



THERE IS PROVISION OF ONE TIME REFUND OR BENEFIT
AFTER THE EXPIRY OF EXTENDED INSURANCE PERIOD

EXTENDED ARMY GROUP INSURANCE CERTIFICATE

To be surrendered on the death of Insurant / Expiry of EI Period to AGI Fund,
Rao Tula Ram Marg, Post Bag No. 14, Vasant Vihar, New Delhi- 110057
CONTACT Nos: Claim Coord - 011-261144387, Exch AGI - 26142749, 2651031
Claim Div - 8882484303 (Officers), 7290007353 (JCO/ OR)

Email- claimsagif@gmail.com

Certificate No. : 169607

Date of Issue : 28-06-2023

No. : JC380564M

Rank : Sub Maj Hony Name : SHINDE SANJAY MANOHAR
Capt RAO

Regt./ Corps : Signals

Date of Birth : 03-02-1970

Date of Retirement : 30-06-2023

Valid Period of EI Cover from : 01-07-2023

TO : 03-02-2045

Sum assured Rs. on death : 750000

Surviving Benefits : 68000

One time refundable premium Paid Rs. : 68000

Nominee(s) with Relationship and Address :

Contingent Nominee(s) with Relationship
:

Name : CHANDA SHINDE, Relation : Spouse, DOB : 06-07-1975

Name : SHIVANI SHINDE, Relation :
Daughter, DOB : 11-03-1998
, Name : VINAYAK SANJAY SHINDE,
Relation : Son, DOB : 14-12-2000

House Number: Vill: DEEP COLONY PLOT
NO-28 MORSHI, MORSHI District: Amravati
State: Maharashtra PIN: 444905

To Army Group Insurance Fund, AGI Bhawan, Rao Tula Ram
Marg, Post Bag No. 14, P.o. Vasant Vihar, New Delhi- 110057

ON DEATH OF INSURANT

1. I regret to inform that my husband/wife/mother/father/ _____ (As application) No.
_____ Rank _____ Name _____ Expired on (date)
_____ due to (cause) _____ at (place) _____

2. I enclose the death Certificate.

3. I certify that I am the Nominee/Contingent Nominee (as applicable) as per the Certificate above.

CLAIMING SURVIVAL REFUNDABLE PREMIUM

EI Validity Period has expired and survival refundable premium be refunded to me.

Date _____

(Signature of Beneficiary /
Signature of Nominee)

