

# Life Insurance Discharge Receipt Form

Policy Number

Insured Person Name

Beneficiary Name

Date of Policy Discharge

Amount Received

Recipient Address

Comments / Remarks

## Declaration

I/we hereby acknowledge receipt of the above amount in full and final settlement of the life insurance policy stated above, and discharge the insurance company from all further liability under this policy.

---

Signature of Recipient

---

Date

---

Officer/Agent

---

Date