



To
 The Manager-Groups
 SBI Life Insurance Co. Ltd.
 Central Processing Centre,
 Kapas Bhavan, Plot No.3A, Sector No.10,
 CBD Belapur, Navi Mumbai -400614

Date:

Dear Sir,

Reg:- Surrender of Group Swadhan / Shakthi /

Master Policy Holder

Member ID. COI Number on the life of

I _____ member of the above mentioned Group Policy Issued by SBI Life wish to pre-close my Life Cover Option and request you to settle the eligible surrender value. I understand that upon surrender the contract will be terminated and I will not be eligible for any benefits from the said policy.

I request you to credit the proceeds of the surrender directly to my Bank account the details of which is provided below.

*Bank Name **State Bank of** _____ Branch Name _____

BANK A/c No Branch Code

*** Copy of the Cheque (With Name Printed on it) / Bank Pass Book / Bankers Certification is Necessary.**

BANKERS CERTIFICATION

Certified that the COI details and Account Number Details are Correct. We confirm that the premium have been deducted from the members bank account only.

Yours faithfully,

Branch Manager

Name:.....
 Branch Seal

Signature of Member

Address:.....
 Address:.....

Declaration of a English knowing person when signature of the Policyholder is in vernacular language/ thumb impression
 I hereby declare that I have explained the contents of this form to the Policy Holder in _____ language, that the Policy Holder has affixed his/her Signature / Thumb impression on the form in my presence, after fully understanding the contents thereof

Enclosure

Original COI

Signature of the person making the declaration

Name & Address: _____

Advance Discharge Voucher

I _____ hereby give a valid Discharge in acknowledgement of receipt of Claim moneys in respect of the above claim as detailed below.

1. Surrender Amount : Rs. _____
 2. Others (please specify) : Rs. _____
TOTAL : Rs. _____

Please affix
 Re. 1/-
 revenue
 . . .

Place :-

Date:-