

To
The Head – Group Operations
SBI Life Insurance Company Limited
Central Processing Centre,
Kapas Bhavan, Plot No. 3A, Sector No. 10,
CBD – Belapur, Navi Mumbai – 400 614.

Date:

Dear Sir,

Re: Surrender of Swarna Ganga – Staff Group Insurance Scheme

Bank Name _____

COI Sr. No.

Employee Name

PF Index No......

I _____ member of the above mentioned Group Policy Issued by SBI Life wish to pre-close my membership (reason) _____
I request you to settle the eligible surrender value of my contribution as per the scheme. I understand that upon surrender the life cover will be terminated and I will not be eligible for any benefits from the said policy.

DOB:- Reason for Surrender VRS Retirement (Age 60) Not Interested

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

*Bank Name:- State Bank of _____ Branch Name _____

Bank A/cNo Branch Code IFSC Code

*** Copy of cheque (With Name Printed on it)/ Bank Pass Book / Bankers Certificate is Necessary.**

Current Address _____

Contact No. _____

Yours faithfully,

Signature of Witness
Name
Address:.....

Signature of Member
Place:-
Date:-

Enclosure

Original COI

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:-