

CONSENT LETTER FOR FUND TRANSFER FOR SURRENDER CASES

			Date://
Surrender Policy No	:		
Name of the Proposer of Surrender Policy	:		
Name of Life Assured of Surrender Policy	:		
New Proposal No	:		
Name of the Proposer of New Policy	:		
Name of Life Assured of New Policy	:		
Relation with the old proposer	(a) Self	(b) Spouse	(c) Child
Amount to be transferred to new policy(s) Reason:			
I hereby give my consent to transfer my funds availal (Old Policy No) to (New	•		
(Own L ife/Spouse/Child)			
Date:		Signature/	Left hand Thumb
Place:			n of the Proposer
that I have explained the contents of this form to the correctly recorded the answers given by the Propimpression/signature in vernacular language on the cunderstanding the contents thereof.	oser and that the	he Proposer h	nas affixed his/her thum
Date:			
Place:		IA/CIF Sign	nature (with code)
T RECOMMENDATION			
I have verified the above surrender to Fund Transfer I hereby, recommend the request to be processed. OPD has been submitted along with surrender recommendations.	•		·
Date: Place:			SM/DSM/Area Mgr. are with Name
: Note - Authority for Approv al of FT			
Upto Rs. 1 Lac - UM/BDM/Sr.BDM & Above Rs. 1 (If FT is to a different channel - irrespective of the ar			

SBI Life Insurance Company Limited: Registered and Corporate Office: Natraj, M.V. Road & Western Express Highway Junction, Andheri(East), Mumbai- 400 069. Tel.: (022) 61910000. Central Processing Center: 7th Level (D-Wing) & 8th Level, Seawoods Grand Central, Tower 2, Plot No. R-1, Sector-40, Seawoods, Nerul Node, Navi Mumbai- 400 706. Tel.: (022) 66456000. IRDAI Registration No. 111. CIN: L99999MH2000PLC129113. Toll Free No. 1800 267 9090 (customer service timing: 24x7) Visit: www.sbilife.co.in E-mail: info@sbilife.co.in

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