

## CONSENT LETTER FOR FUND TRANSFER FOR LAPSE TERMINATED CASES

	Date:
Lapse Terminated (LT) Policy No	<u>:</u>
Name of the Proposer of LT Policy	:
Name of Life Assured of LT Policy	:
New Proposal No	:
Name of the Proposer of New Policy	:
Name of Life Assured of New Policy	<u>:</u> _
Relation with the old proposer	(a) Self (b) Spouse (c) Child
Amount to be transferred to new policy	<u>:</u>
Reason:	
I hereby give my consent to transfer my funds Policy No) to (New Proposa	available with your company in(Old
• ,	
Signature/Left hand Thumb impression of	the Proposer
DECLARATION WHEN THE ABOVE CONS PROPOSER OR PROPOSER SIGNS IN A VE	SENT IS FILLED BY A PERSON OTHER THAN THE CRNACULAR LANGUAGE/AFFIXED THUMB
DECLARATION WHEN THE ABOVE CONS PROPOSER OR PROPOSER SIGNS IN A VE IMPRESSION	SENT IS FILLED BY A PERSON OTHER THAN THE
DECLARATION WHEN THE ABOVE CONS PROPOSER OR PROPOSER SIGNS IN A VE IMPRESSION I hereby declare that I have read out and explained he/she has understood the same. I hereby declare that I have explained the contents have truly & correctly recorded the answers given	SENT IS FILLED BY A PERSON OTHER THAN THE RNACULAR LANGUAGE/AFFIXED THUMB
DECLARATION WHEN THE ABOVE CONS PROPOSER OR PROPOSER SIGNS IN A VE IMPRESSION  I hereby declare that I have read out and explained he/she has understood the same.  I hereby declare that I have explained the contents have truly & correctly recorded the answers given thumb impression/signature in vernacular language	SENT IS FILLED BY A PERSON OTHER THAN THE RNACULAR LANGUAGE/AFFIXED THUMB  If the contents of this consent and that he/she has said that  It of this form to the proposer inlanguage that I by the Proposer and that the Proposer has affixed his/her
DECLARATION WHEN THE ABOVE CONS PROPOSER OR PROPOSER SIGNS IN A VE IMPRESSION  I hereby declare that I have read out and explained he/she has understood the same.  I hereby declare that I have explained the contents have truly & correctly recorded the answers given thumb impression/signature in vernacular languag understanding the contents thereof.	SENT IS FILLED BY A PERSON OTHER THAN THE RNACULAR LANGUAGE/AFFIXED THUMB  If the contents of this consent and that he/she has said that  It of this form to the proposer inlanguage that I by the Proposer and that the Proposer has affixed his/her are on consent letter for fund transfer in my presence after fully

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.sbillife.co.in, E-mail: info@sbillife.co.in

Page 1 of 1 PS-54.Ver.06 07-25 ENG