

CONSENT LETTER FOR FUND TRANSFER FOR
LAPSE TERMINATED CASES



Date: _____

Lapse Terminated (LT) Policy No : _____
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 : _____
Relation with the old proposer (a) Self (b) Spouse (c) Child
Amount to be transferred to new policy : _____

Reason: _____

I hereby give my consent to transfer my funds available with your company in _____ (Old Policy No) to _____ (New Proposal No).

Signature/Left hand Thumb impression of the Proposer

DECLARATION WHEN THE ABOVE CONSENT IS FILLED BY A PERSON OTHER THAN THE PROPOSER OR PROPOSER SIGNS IN A VERNACULAR LANGUAGE/AFFIXED THUMB IMPRESSION

I hereby declare that I have read out and explained the contents of this consent and that he/she has said that he/she has understood the same.

I hereby declare that I have explained the contents of this form to the proposer in _____ language that I have truly & correctly recorded the answers given by the Proposer and that the Proposer has affixed his/her thumb impression/signature in vernacular language on consent letter for fund transfer in my presence after fully understanding the contents thereof.

Signature of the person making the declaration

Name and Address: _____

