## 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 inlanguage 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:	

 SBI Life Insurance Company Limited I Registered & 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.

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