

Rinnraksha FreeLook Cancellation Form

		M Y Y Y	Date:		
Branch					
Re: Cancellation of Rinn Raksha policy under free look p	eriod of Loan a	ccount number			
Dear Sir/Madam,					
I, received the caption	oned policy docu	iment on			
On reviewing the terms and conditions of the policy, I disagree					
15 days for cancellation under free look option.					
1.					
2.					
I request you to kindly cancel my policy under the free look or	otion and refund	the eligible amount a	s per terms and cor	nditions of the policy.	
I hereby provide my consent for credit of FLC proceeds in Sura and to credit any excess amount in my Saving Bank A/C provide			-	account	
Suraksha Account No. (Linked to Housing Loan):					
Outstanding balance of Suraksha A/c (Rs.) :		_As on dated:	(dd-n	(dd-mmm-yyyy)	
Signature of member (s)					
Date:	Place:				
Master Policy Holder Recommendation (NOC)					
The above mentioned loan account number was covered unde We hereby provide our consent for credit of FLC proced and to credit any excess amount in Saving Bank A/C of the customater of the saving Bank A/C of the customater of the saving Bank Account No. (Linked to Housing Loan): Saving Bank Account No:	eds in Suraksha stomer. (For Bar credit of FLC pro	A/C upto the extent on the Paid Policy Only) a poceeds in Saving Ban	s per the details giv	ven below.	
IFSC Code: Bank Name:		_			
Outstanding balance of Suraksha A/c (Rs.):		As on dated:	(dd-n	nmm-vvvv)	
Outstanding balance of Suraksha A/c (Rs.) :		_As on dated:	•	nmm-yyyy)	
Outstanding balance of Suraksha A/c (Rs.) : The original certificate of insurance is enclosed herewith/not re			•	nmm-yyyy)	
The original certificate of insurance is enclosed herewith/not re			•	nmm-yyyy)	
, ,			•	nmm-yyyy)	
The original certificate of insurance is enclosed herewith/not residual certificate in the insurance is enclosed herewith/not residual certifi			•	nmm-yyyy)	
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The original certificate of insurance is enclosed herewith/not residual certificate is enclosed herewith/not residual certificate is enclosed herewith/not res	eceived till date/		•	nmm-yyyy)	
The original certificate of insurance is enclosed herewith/not residual signature and name of branch manager Name of the bank branch with branch code Date: Deliver Manager	eceived till date/		•	nmm-yyyy)	
The original certificate of insurance is enclosed herewith/not residual signature and name of branch manager Name of the bank branch with branch code Date: D D M M Y Y Y Y Documents to be enclosed:	eceived till date/	misplaced (Tick any o	one).	with latest transaction details	

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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