

Rinnraksha FreeLook Cancellation Form

SBI Life Insurance Company Ltd.

D D M M Y Y Y Y Date:

Branch _____

Re: Cancellation of Rinn Raksha policy under free look period of Loan account number _____.

Dear Sir/Madam,

I, _____ received the captioned policy document on _____

On reviewing the terms and conditions of the policy, I disagree with the below mentioned terms and conditions, hence I am returning the policy within 15 days for cancellation under free look option.

1. _____

2. _____

I request you to kindly cancel my policy under the free look option and refund the eligible amount as per terms and conditions of the policy.

I hereby provide my consent for credit of FLC proceeds in Suraksha A/C upto the extent of outstanding balance in the account and to credit any excess amount in my Saving Bank A/C provided below. (For Bank Paid Policy Only)

Suraksha Account No. (Linked to Housing Loan): _____

Outstanding balance of Suraksha A/c (Rs.) : _____ As on dated: _____ (dd-mmm-yyyy)

Signature of member (s)

Date: D D M M Y Y Y Y

Place: _____

Master Policy Holder Recommendation (NOC)

The above mentioned loan account number was covered under Rinn Raksha policy.

☐ We hereby provide our consent for credit of FLC proceeds in Suraksha A/C upto the extent of outstanding balance in the account and to credit any excess amount in Saving Bank A/C of the customer. (For Bank Paid Policy Only) as per the details given below.

☐ For Self Paid policy, we hereby provide our consent for credit of FLC proceeds in Saving Bank A/C of the customer

Suraksha Account No. (Linked to Housing Loan): _____

Saving Bank Account No: _____

IFSC Code: _____ Bank Name: _____

Outstanding balance of Suraksha A/c (Rs.) : _____ As on dated: _____ (dd-mmm-yyyy)

The original certificate of insurance is enclosed herewith/not received till date/ misplaced (Tick any one).

Signature and name of branch manager

Name of the bank branch with branch code

Date: D D M M Y Y Y Y

Place: _____

Documents to be enclosed:

☐ Original Certificate of Insurance ☐ DC Mandate (with pre printed cancelled cheque/Bank pass book copy with latest transaction details)

☐ Self attested KYC documents.

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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