

Apne liye. Apno ke liye.	
	Date:
То	
The Head–Group Operations	
7th Level (D Wing) & 8th Level.	
Seawoods Grand Central, Tower 2, Plot No. R-1, Sector-40	
Seawoods, Nerul Node, Dist. Thane,	
Navi Mumbai-400 706	
Dear Sir, Ref: - Master Policy Holder Name	er Policy No
Sub: - Surrender of Master Policy	
, , , , , , , , , , , , , , , , , , ,	
We the Trustees / Master Policy Holder / Authorised Signatories of the	above mentioned Group Master Policy hereby
submit our request for surrender for the reason stated below:	
Merger of Company Winding of the Trust Closure of the Company	
Others (Please Specify)	
We request you to settle the surrender value as per the policy conditions. We understand that upon surrender of the master policy, the life cover and other benefits offered under the scheme will be terminated and the policy will become	
null and void.	
Further, we declare that the surrender of the above policy is duly authorized	d by the Trust / Board resolution and the copy
of which is enclosed herewith. We hereby undertake to inform the decision of surrendering the master policy to the	
Income Tax Authorities, member beneficiaries and all concerned.	
Signature of Witness:	Yours Faithfully
Name: Address:	
	Signature of Trustees / Authortised Signatory
	Name/s:
Enclosure:	
Master Policy Document	Company Seal /Trust
Trust / Board resolution	Company Scar, must
Cancelled Cheque copy	

Advance Discharge Voucher

I/We......do hereby acknowledge receipt from SBI Life Insurance Co. Ltd., a sum of Rupeesonly (in words) being the Surrender Value of the above-mentioned policy . 1. Surrender Amount: which is herewith delivered upto the said Company for cancellation Rs.____ 2. Others (please specify): Rs._____ TOTAL

Please affix

Re.1/-Revenue stamp

Place: -Date: -

SBI Life Insurance Co.Ltd GOPS/FND/SUR/Ver 1.3

16th March 2022