•	SBI Life	Group Surrende	er check list			
	1) Distribution Channel	Institutional a	Illiances			
	2) Master Policy Holder Name :	Banc assurance				
	3) Master Policy No :					
	4) Surrender Request Inward D	ate:		-		
Sr.No	Items to be chec	ked	Yes/ No	Received Date	Remarks if any	-

1	Surrender request in stipulated format duly filled and signed		
2	Cancelled cheque leaf with name printed / Copy of pass book		
3	Original certificate of insurance / Letter from customer if COI not received		
4	Whether Signature is attested by banker along with bankers Certification		
5	Checks whether minimum of 3 full years premium received from the customer and 3 completed years, (If not reject the same)		

Prepared By

Checked	By
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Name: Designation:

Name:	
Designation:	

Date: PC Name:-

For CPC USE

CPC Inward Date:-

Scrutinised:- YES/NO

Surrender Value :- Rs.

10Th Oct 2016

Processed Date :-

Prepared By Name :-Designation: Checked By Name: Designation:

SBI Life Insurance Co.Ltd.GOPS/SW/CHK/Ver 1.1

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 E-mail: groupops@sbilife.co.in

IRDAI Registration No. 111. CIN: U99999MH2000PLC129113. Toll Free No. 1800 22 9090 (From 9.00am to 9.00pm). Visit: www.sbilife.co.in. E-mail: info@sbilife.co.in