

# ARE YOU SURE?

Surrendering your life insurance policy would mean surrendering its benefits too!



## PLEASE CONSIDER THE FOLLOWING POINTS BEFORE YOU SIGN THE FORM:

### Expect Better Returns

Stay invested for the entire tenure of the policy, you can expect better returns in the long run

### Benefits of the Policy

In case of Surrender, there will be no benefits under the policy

## SURRENDER APPLICATION – SBILIFE KALYAN ULIP

Policy No.

Bank Name \_\_\_\_\_ PF Index No.

I \_\_\_\_\_ member of the above mentioned Group Policy issued by SBI Life, wish to pre close my membership under this policy and request you to settle the eligible fund value as per the terms and conditions. I understand that upon surrender I will not be eligible for any benefits under the said policy hereafter.

Reason for Surrender

Retirement /Resignation

To Fund Medical Expenses

▪ Children's Marriage

Hr.Education Expense

### DIRECT CREDIT MANDATE

Bank Name		Branch Code	
SB Account Number		IFSC Code	

I hereby declare that the policy / cover details and bank account details provided by me herein above are true and correct and I hereby authorize SBI Life to credit the surrender proceeds to my bank account given above, at my sole risk.

Copy of Cheque leaf with preprinted Name or Bank attested copy of recent Passbook with preprinted account number and account holder name is necessary

Signature of Bank Official with Bank Seal

Signature of Member

Name .....

Address .....

Bank Code: .....

Address .....

Bank branch .....

Mobile No .....

Place.....Date.....

E-Mail ID .....

### ADVANCE DISCHARGE

\_\_\_\_\_ do hereby acknowledge receipt from SBI Life Insurance Company Limited, a sum

Rs.1 Revenue

Stamp of Rupees (Figures) \_\_\_\_\_/- (Rupees)

only) being the surrender value as a full and final settlement.

Signature of Member

( If the policy holder is an illiterate or signing in vernacular language, his /her thumb impression / signature must be attested by gazetted officer, notary, his banker with his official seal or by an official of SBI Life not below the Rank of AM after explaining the contents of this application)

Name : \_\_\_\_\_ Designation : \_\_\_\_\_

Address \_\_\_\_\_ Signature : \_\_\_\_\_

For any assistance, Please write to us at [groupops@sbilife.co.in](mailto:groupops@sbilife.co.in) Tel: (022) 6645 6000. Fax: (022) 6645 6654. Website : [www.sbilife.co.in](http://www.sbilife.co.in)

Disclaimer: Please note direct transfer to be made only if otherwise possible and allowed by banks as per banking regulations. SBI Life will not be responsible and liable for any losses occurred due to incorrect account details provided by policyholder.

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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](mailto: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](http://www.sbilife.co.in). E-mail: [info@sbilife.co.in](mailto:info@sbilife.co.in)