

## **Option Form under Swarna Ganga Schemes**

		Master Policy No.	
Name of Member:		Date of Birth:	
Bank Name:		Last Served Branch Details:	
	option of extension/ discontinuation of the options and provide full d	n of Swarna Ganga Policy post my retirement.  etails under the Option)	
□ Extension of	f Cover till 65 years of age		
membership till		roup Insurance Scheme of SBI Life and would lib nat now onwards my premium payment will be on a	
		Datedfor Rs	Drawn on "SBI
	9	of India Account holders. (Please attach the Direct l	Debit Mandate
□Discontinua	tion of cover after retirement		
		est you to credit the accumulated savings to my Ban	k Account,
details provided  Bank Name:	as below.		
Bank Name:		IFSC	
Bank Name: Bank Account 1	No	IFSCeque Leaf OR Copy of Bank Passbook)	
Bank Name: Bank Account I	No	eque Leaf OR Copy of Bank Passbook)	
Bank Name: Bank Account I (It is mandatory  Payment o I give my conse	Noto attach preprinted Cancelled Ch	eque Leaf OR Copy of Bank Passbook)  conent at 65 years of age  ngs Component on attaining 65 years of age. I und	derstand that
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Bank Name: Bank Account I (It is mandatory  Payment o I give my conse Life Cover will  Communication Address City Phone No Email  Signature of Wi	to attach preprinted Cancelled Ch  f Accumulated Savings Comp  Int to receive the Accumulated Sav  not be available to me during this  In details.  (Residence)  tness:_  ess of Witness:_	eque Leaf OR Copy of Bank Passbook)  conent at 65 vears of age  ngs Component on attaining 65 years of age. I une period.  Pin CodeState  (Mobile)	

GOPS/SG/SUR/Ver 1.3 15th Apr 2019