

NO LIFE COVER

In case of withdrawal, your insurance cover will cease to exist and your purpose of taking insurance will be defeated.

ADVANTAGES OF GROUP INSURANCE

Swarna Ganga is a group policy and premium remittances are made directly to us by your employer. The hassles of direct remittance of premium are eliminated.

SURRENDER APPLICATION – SWARNA GANGA

Master Policy No. PF Index No.
Bank Name PAN No. Date of Birth

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 the life cover will be terminated and I will not be eligible for any benefits under the said policy hereafter.

Reason for Surrender ☐ VRS ☐ Resignation ☐ Any other Unavoidable Circumstances
please specify reasons

DIRECT CREDIT MANDATE

Bank Name	<input type="text"/>	Branch Code	<input type="text"/>
SB Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IFSC Code	<input type="text"/>

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.

I have enclosed the following document to this effect. (Please tick ☒ for the relevant document attached)

- 1) ☐ Certificate of Insurance 2) ☐ Resignation / VRS acceptance letter 3) ☐ Original cancelled Cheque leaf with preprinted name on it or ☐ Bank attested photocopy of passbook/account statement (With transactions not older than one month)

Signature of Witness
Name
Address

Signature of Member
Address
Address
Mobile No
Email id

ADVANCE DISCHARGE

I do hereby acknowledge receipt from SBI Life Insurance Co Ltd., a sum of Rupees (Figures) /-. (Rupees only). Being full and final settlement of surrender value.

Revenue
Stamp of
Rs.1/-

(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 :

SBI Life Insurance Company Limited. GOPS/SG/SUR/Ver 2.3 15th Apr 2019

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 (From 9.00am to 9.00pm). Visit: www.sbilife.co.in. E-mail: info@sbilife.co.in