

ARE YOU SURE?

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

Reason for Surrender / Partial withdrawal(Please ✓):

- | | | |
|---|---|--|
| <input type="checkbox"/> Purchase of Asset (House, Office Space etc.) | <input type="checkbox"/> Personal Expense (Higher education of Children, Marriage of Children etc.) | <input type="checkbox"/> For treatment of critical illness of self or spouse |
| <input type="checkbox"/> Purchase of Financial Instrument | <input type="checkbox"/> Unsatisfactory Returns | |
| <input type="checkbox"/> Unsatisfactory Services | <input type="checkbox"/> Other, please specify _____ | |

AFFIX
YOUR RECENT
PHOTOGRAPH HERE

SURRENDER/PARTIAL WITHDRAWAL APPLICATION FORM

Policy No:

All fields are mandatory

Surrender :

- I/We wish to surrender my/our above mentioned policy and request you to settle the surrender value against my/our policy.
In case of surrender of Saral Pension / Smart Pension policy / Retire Smart :
- I would like to commute surrender value as opted in annuity proposal form
- I would like to use 100% of the surrender value to purchase an annuity

Partial Withdrawal :

- I/We wish to withdraw an amount of ₹ _____ Only
(In words Rupees _____)
- I/We understand that if Fund Value after the Partial Withdrawal goes below ₹ 10,000/- or one annualized premium (whichever is applicable), the policy will be closed as per the terms & conditions of the policy.

Bank Details for Direct Credit

#For N.R.E. account, letter from the bank is required for direct credit of the payment.

Bank Name & Address:

Account Type (Please ✓ appropriate item):

- Savings Current NRE

Account No.

IFS Code:

I have enclosed the following documents (Please ✓)

Proof of Bank Account

- Original cheque leaf with preprinted name and account number.

- Self attested copy of Bank Passbook/Statement with pre-printed account details along with transactions not older than 1 month

- Copy of PAN Card PAN* Residential Status Resident NRI^ Country of Residence _____

ID Proof :

- Driving License Passport Pan Card Election ID Card Aadhar Card Armed Forces ID Card
- Others _____

Address Proof :

- Driving License Passport Aadhar Card Utility Bills not older than 2 month
- Bank Passbook/Account Statement with transactions till previous month Others _____

I/we Customer's Name hereby declare that the Policy is not assigned by me, the policy is not issued under the provisions of MWP Act, the policy has not been affected by any Authority/Court and that there are no encumbrances what so ever against the policy. Further, I/we also declare that the policy details and the bank account details provided by me herein above are true and correct and I/we hereby authorize SBIL to credit the proceeds under the above policy to my bank account given above at my risk. I/we also agree that SBI Life reserves the right to pay the amount through cheque where the payout via NEFT cannot be processed for any reasons whatsoever and that SBI Life reserves the right to reverse any payment made erroneously into your account and to exercise alien to recover such excess amount credited to your account. I/we declare that contact details provided below are true and currently in use by me.

Aadhaar Consent:

I, < Customer's Name >, hereby give my voluntary consent to SBI Life Insurance Company Limited (SBI Life) and authorise the Company to obtain necessary details like Name, DOB, Address, Mobile Number, Email, Photograph through the QR code available on my Aadhaar card / XML File shared using the offline verification process of UIDAI. I understand and agree that this information will be exclusively used by SBI Life only for the KYC purpose and for all service aspects related to my policy/ies. I have duly been made aware that I can also use alternative KYC documents like Passport, Voter's ID Card, Driving licence, NREGA job card, letter from National Population Register, in lieu of Aadhaar for the purpose of completing my KYC formalities. I understand and agree that the details so obtained shall be stored with SBI Life and be shared solely for the purpose of issuing insurance policy to me and for servicing them. I will not hold SBI Life or any of its authorized officials responsible in case of any incorrect information provided by me. I further authorize SBI Life that it may use my mobile number for sending SMS alerts to me regarding various servicing and other matters related to my policy/ies.

Signature of Witness

Thumb Impression / Signature of Policy holder
or Assignee (if assigned)

Name :

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Present Address:

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Contact No and Email ID: _____

Place:

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Date :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name :

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Present Address:

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Contact No and Email ID: _____

Place:

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Date :

D	D	M	M	Y	Y	Y	Y
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Affix One
Rupee
Revenue
stamp & sign
across

I/We do hereby acknowledge receipt from SBI Life Insurance Co. Ltd., a sum of ₹ (infigures) _____/-,
(₹ _____)
the Surrender Value/Partial withdrawal amount towards the policy.

Declaration to be given when the signature of the Policy holder is in a vernacular languag or has affxed thumb impression

If the policy holder is an illiterate or is signing in a language other than the language of this form, his/her Thumb impression/ signature must be attested by any Gazetted Officer, Notary, his/her Banker or SBI Life Official not below the rank of an Assistant Manager with his/her official seal after explaining the contents of this application.

Designation: _____

Name :	<table border="1" style="width: 100%; height: 15px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					Signature of person making the declaration
Address:	<table border="1" style="width: 100%; height: 15px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					

Instructions :

1. Customer walk-in is mandatory
2. Original Policy Document, PAN copy, copies of ID & address proof (with originals for verification) are to be submitted
3. Address change request is needed if address is changed
4. Requests received after 3.00 pm or on market holidays will be processed with NAV of next working day
5. All claims payout shall be subject to TDS provisions applicable as per the prevailing Income tax laws and are subject to change from time to time. Kindly consult your tax advisor for further clarification.