

Policy Cancellation Form (Surrender Form)

Name of the Policy Holder : _____
 Policy No. : _____
 Date of Request for Surrender : _____
 Registered Address (as on the policy document) : _____
 Registered Contact Number (as on the policy document) : _____
 Email Address : _____

Request for Surrender

I, _____ hold an AEGON Religare _____, Policy No. _____ with AEGON Religare Life Insurance Company Limited. I would like to voluntarily surrender my policy.

I need to surrender the policy because:

- I have a medical exigency (immediate requirement of funds for medical use within the family)
- I have to settle/pay my previous financial liabilities
- I need funds to purchase other assets
- I want to divert my savings to other financial product(s)
- I am dissatisfied with the returns of the plan
- I am dissatisfied with the services of the Company
- The policy document does not reflect the commitments made to me by the sales representative
- Others, please specify _____

Charges

I am aware of the applicable surrender charges as per the standard terms and conditions mentioned in the policy document I have received.

Decision making

Did you consult anybody before considering your decision to surrender the plan?

- Agent
- Relationship Manager
- Financial Consultant
- ARLI Call Centre
- Friend
- Relative
- Representative of a competitive company

Did you know?

- If you need money urgently, you need not surrender the policy. Instead, you can use partial withdrawal.
- You can overcome an immediate need for money by using your credit card to make the premium payment and converting the amount to interest-free EMI's (check with the bank issuing your credit card for details).
- By surrendering, you will lose on your life cover as well as the returns you have already made on the plan.
- It will be expensive for you to buy a pure protection plan at a later date. Insurance bought at an early age is cheap, for as you age, your premium gets higher.
- Returns are handsome only when you hold your policy for a long term. You will lose out on the power of compounding if you surrender.



Declaration

I, _____ declare that the information stated above is true and correct.

Signature of the Policy Holder

Date: _____ Place: _____

Acknowledgement Slip

Dear _____

We regret your decision for surrender of Policy No. xxxxxxxxxxxx, and hope you would reconsider your decision. As a responsible financial services company, it is our endeavour to help you with your financial decisions.

While we process your request, your signature will be verified at our head office. In case, there is any discrepancy, we will get in touch with you.

Policy No. : _____
 Received at Branch By : _____
 Date and Time of Surrender Request : _____

Stamp