

POLICY PAYOUT REQUEST FORM

(Kindly fill the form in BLOCK LETTERS only.) (All fields are mandatory)

Any alterations/corrections made in the form need to be signed by the policy owner. Please use a separate request form for each policy.

Policy Number

Name of the Policy holder

Contact details/Call back number (Mandatory): Telephone (R) No. STD Code Mobile

In case of address change or contact details change request, please fill up a separate PSRF with valid address proof.

Payout Method (All fields are mandatory).

If nothing selected then payout will be processed through Direct transfer to policy owner's account

Direct Transfer to my Account (not applicable for NRE A/c's) Cheque Dispatch to my Communication Address

PAN CARD number (In case annual premium is greater than or equal to Rs.1 Lac)

Please provide bank details if "Direct transfer to my account" selected

Bank Name:

Bank Address:

Bank Account Holder's Name:

Bank Account Number:

11 Digit IFSC Code: (You can get this code from your bank)

Note: Birla Sun life Insurance will not be responsible in case of non credit to your account or if transaction is delayed or not effected at all for reasons of incomplete/incorrect information provided or rejected by your bank. In case of requisite information for direct credit is not received or transaction rejected by bank the payout will be made vide cheque.

Date

REQUEST TYPE (whichever applicable)

- PARTIAL WITHDRAWAL
- POLICY LOAN
- MATURITY

PARTIAL WITHDRAWAL (All fields are mandatory).

Reason for partial withdrawal: _____

Withdrawal amount: Rs. _____ OR Maximum amount Survival Benefit

In case the withdrawal amount requested is not available, we will be paying the maximum withdrawal amount available.

POLICY LOAN (All fields are mandatory).

Reason for availing loan: _____

Loan amount: Rs. _____ OR Maximum amount

MATURITY (All fields are mandatory).

Plan: _____

For pension plans: Maximum amount you wish to commute: Rs. _____ /- (Allowable limit max. 1/3rd of total maturity value)

Please fill up a separate Open Market Option form

Cheque for the balance amount to be in favor of _____ (Name of the company from where you want to purchase the annuities)

Discharge Receipt

I hereby agree to accept the payout amount and declare that I understand and agree to all the conditions and information given in this form.

Date

Signature of Policy Holder/
Assignee in case the policy is assigned Place: _____

Please affix Re. 1 revenue stamp

Witness Name: _____

Address: _____

Witness Signature: _____

For Branch Use Only (All fields are mandatory).

Received Original policy document for loan request Policy Loan request Partial Withdrawal request Maturity request on at _____ am/pm

BSLI Staff's Name, Employee ID and Signature: _____

Talisma Interaction No.:

Branch Stamp

Mandatory Documents for processing payout

- Original Policy document submitted for loan request Copy of CI B YPD submitted for Withdrawal request carry original for verification at Branch Original Cancelled Cheque with pre printed name & account number Self attested valid copy of Photo ID proof, carry original for verification at Branch Pass book copy/Bank statement having pre printed/or handwritten name & account number, in case Cancelled cheque does not have pre printed name and account number. carry original for verification at Branch Latest Contact Details mandatory

Branch Mandatory checklist

- All mandatory documents as listed are collected All copies to be Self attested by Policy Owner All requirements submitted by customer to be attested by authorized BSLI personnel as per list given on the reverse

Acknowledgement Slip Partial Withdrawal Policy Loan Maturity

Please collect stamped, signed and duly filled acknowledgement slip, which you can refer to for all your communication in regard to this request.

We thank you for choosing Birla Sun Life as your preferred insurance partner and take this opportunity to assure you of our best services at all times.

Policy No: Name of Policy Holder

Branch: _____ Received by: _____ Date Stamp and Time

IMPORTANT GUIDELINES

- If request for Unit Linked Product is received up to 3:00 pm IST on a weekday (Mon-Fri), the same day's NAV will be applicable. However, if the request is received after 3:00 pm IST, then the next declared NAV will be applicable. If the request is received on Saturday, then the next declared NAV will be applicable.
- It is mandatory to fill in the payment details section on the reverse of the form.
- Original Cancelled cheque with Pre-printed name & account number is applicable to all payouts
- Self attested copy of Valid Photo ID is Mandatory
- List of Valid Photo ID proofs given below
 - Driving License
 - Passport
 - Pan Card
 - Bank Passbook (Only if there is a photograph affixed)
 - Voter's ID card
- Valid photo ID of customer and 3rd party can be attested by BOE – other documents by authorized signatories.
- **Maturity:** The maturity value would be arrived at unit prices of the day on which the policy is maturing.
- **Partial Withdrawal:** Partial withdrawal is subject to administrative guidelines..If the request is for an amount higher than the amount eligible, the application would be processed only for the amount eligible.
- **Loan:** **a)** Loan is subject to administrative guidelines. **b)** If the request is for an amount higher than the amount eligible, the application would be processed only for the amount eligible. **c)** The original policy document would be retained by the company. The same shall be returned only upon full repayment. **d)** Payment towards loan should be specifically stated, else it will be treated as renewal premium. **e)** In case the fund value depreciates more than the outstanding loan amount, the policy will lapse
- (*)In case, the cancelled cheque does not have the policy owner's name and account no. pre-printed then either copy of the Bank statement / Bank passbook with account number, account holders' name needs to be submitted. Either of these documents needs to be attested any of the following authorised signatories:
- All MDRT, COT, TOT and CEO club members qualified for the last calendar year are also authorized signatories.
- Authorized Signatories:
 - DSF
 - Branch Head
 - Business Partner
 - Business Development Manager
 - Team Manager (operations & accounts)
 - Branch Manager
 - Relationship Manager
 - Territory Manager- sales
 - Regional Manager
 - Zonal Head
 - Zonal Manager Operations
- Alternate Channel
 - Relationship head
 - Zonal Head
 - Regional and Area Sales Manager
 - Team leaders- Branch support
 - Team Manager
 - Zonal Sales Manager
 - Senior Sales Manager
 - Area Sales Manager
 - Business Development
 - Head- Operations & Manager

Birla Sun Life Insurance Company Limited

Regn. No.: 109. Regd. Office: One Indiabulls Centre, Tower 1, 15th & 16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013.
Contact us: 1-800-270-7000 (Toll Free) www.birlasunlife.com. Insurance is the subject matter of the solicitation.