



# Partial Withdrawal

Note: Please complete the form in CAPITAL LETTERS.

All fields with (\*) are mandatory

I would like to withdraw Rs. \_\_\_\_\_ / maximum amount eligible \_\_\_\_\_ (Indicate correct option) from the existing fund balance of the below mentioned policy held by me.

POLICY DETAILS	Policy Number*:	<input type="text"/>	Policy Holder's Name*:	<input type="text"/>
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ADDRESS	<b>To enable us to get in touch with you and facilitate quick processing, kindly update your latest contact information</b> (In case of change in communication address, a valid address proof of the new address is mandatory - refer below for list of valid address proof)			
	Address*:			
	City*:	State*:	PIN*:	
	Landline*:	Mobile*:		
	E-mail*:			

PAYMENT DETAILS	<b>Payment Method*</b>	<input type="checkbox"/> Direct Credit (NEFT/RTGS)	<input type="checkbox"/> A/c payee special crossed cheque	
	Bank Name*:	<input type="text"/>		
	Bank Branch*:	<input type="text"/>		
	Bank Address*:	<input type="text"/>		
	Account Number*:	<input type="text"/>	IFSC Code*:	<input type="text"/>
	<b>Account Type*:</b>	<input type="checkbox"/> Savings	<input type="checkbox"/> Current Account	<input type="checkbox"/> NRO
<b>Note:</b> In case IFSC code is not received, the payout will be made by a/c payee special crossed cheque. Direct Credit is not possible for NRE account.				
<b>Fund Transfer*:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>New PDA / Policy No.</b> <input type="text"/>	

DOCUMENTS REQUIRED	<b>Please submit any one of the following listed documents along with the mandatory requirements (*).</b>		
	<input type="checkbox"/> 1) Self-attested valid photo id proof *	<input type="checkbox"/> 2) Self-attested valid address proof	<input type="checkbox"/> 3) Original Policy Documents
	<input type="checkbox"/> 4) Original cancelled cheque with your name and account number pre-printed* OR		
	<input type="checkbox"/> 5) Self-attested copy of bank statement / pass book copy with bank seal, if personalised cheque is not attached*.		
	List of valid address proofs: Telephone Bill, Bank letter/ Account Statement, Water Bill, Electricity Bill, Valid Passport, Valid Driving License, Ration Card, ESI Card, Domicile Certificate, Company Lease Agreement/Rental Agreement, Employer's Certificate. Statement/Receipt/Bill should not be more than six months old from the request submission date. Please attach self-attested identity proof bearing photo (e.g. Pan card, Voter's ID, Passport, Driving License, Aadhar Card)		

FOR OFFICE USE ONLY	Name of Customer Service Representative:	<input type="text"/>	Employee No.:	<input type="text"/>	<input type="checkbox"/> Before 3 PM	Signature: <input type="text"/>
		<input type="text"/>	Branch Code:	<input type="text"/>	<input type="checkbox"/> After 3 PM	

Turn over leaf for more details.

ACKNOWLEDGEMENT SLIP	<b>This is to acknowledge the receipt of application for Partial Withdrawal.</b>		Customer Service Executive Signature: <input type="text"/>
	Policy Number:	<input type="text"/>	Date: <input type="text"/>
	<b>Documents received:</b>	Original Policy Document <input type="checkbox"/>	Valid Address Proof <input type="checkbox"/>
		Identity Proof <input type="checkbox"/>	Bank Account Proof <input type="checkbox"/>
	Others:	<input type="text"/>	
		Date: <input type="text"/>	

POS/PWR/Version 2.0



# Partial Withdrawal

**TERMS & CONDITIONS**

- Any payout under the policy shall be strictly in accordance with the policy terms and conditions and shall be subject to realization of all the renewal premium payments.
- The submission of this form by itself does not mean that the request will be processed. Exide Life Insurance Company Limited reserves the right to contact me in case of any further requirements or if any of the communication addresses and numbers submitted by me do not match the details available with Exide Life Insurance Company Limited for processing the partial withdrawal request.
- If the transaction is delayed or not effected at all for any reasons due to incomplete or incorrect information given above, I shall not hold the company responsible in any manner whatsoever.
- I hereby declare that the policy is not assigned to any one of attached by any Authority / Court. I agree to bear the partial withdrawal charges and the Service Tax as applicable.
- If the application is for Unit Linked Product and is received up to 3.00 p.m. IST on a weekday (Mon-Fri), the same day NAV will be applicable. However, if the application is received after 3.00 p.m. IST, then next declared NAV will be applicable.
- I take full responsibility for the genuineness and correctness of the details filled herein.
- Exide Life Insurance Company Limited will not be liable for any loss arising from non-receipt of communication.

**DECLARATION**

Signature /Thumb Impression  
of the Assignee / Policy Owner:

Signature / Thumb  
Impression of Witness<sup>#</sup>

Date:

Date:

Name and Address of the witness<sup>#</sup>: \_\_\_\_\_

<sup>#</sup>(Applicable when the policy owner is illiterate or suffering from disability due to which writing is restricted and affixing his thumb impression. Must be witnessed by someone other than the advisor/agent/employee of the company)

POS/PWR/Version 1.1