



# FUTURE GENERALI INDIA

Life Insurance Company Limited

## SURRENDER / PARTIAL WITHDRAWAL FORM

SRN No: 

### FACTS TO BE CONSIDERED BEFORE FILLING UP THE FORM


**Gains in continuing with your life insurance policy:**

Continued life cover  
Charges get reduced in the long run  
Long term benefits as per product features  
Tax benefits


**Losses in surrendering your life insurance policy:**

No life cover  
Compromise on your long term savings goals  
Charges might be levied on surrendering the policy  
All policy related benefits shall cease

**Instructions:** 1. The policyholder must sign any cancellation / alteration. 2. Surrender or withdrawal will be done by liquidating the required no. of units of the fund at the prevailing unit price. 3. In case of complete application received by the Branch/Head office of the insurer up to 3 p.m., on a working day, the same day's closing NAV will be applicable. If application is received after 3 p.m., units will be redeemed at the next working day's unit price. 4. This application will not be effective till it is officially accepted by Future Generali India Life Insurance Co. Ltd. 5. Please refer to the policy contract for terms and conditions regarding surrender. 6. Please note that in case any of your premium cheque is yet to be cleared, surrender proceeds shall be processed but be paid out only after clearance of premium cheque. 7. Account number is mandatory for all types of payments. Request you to submit original cancelled cheque and if the cheque is not personalized, pl provide copy of the latest bank statement/ pass book. 8. NAV will be paid for the date on which the complete surrender request requirement is received. 9. Please note that for full surrender of policy, the policy bond/ document/ certificate of life insurance cover must be returned together with the surrender application. 10. This form along with the required documents can be sent to The Policy Servicing Department, Future Generali India Life Insurance Co. Ltd., Lodha i – Think techno campus, A wing – 1<sup>st</sup> floor, Pokhran Road -2, Off eastern express Highway, Behind TCS Bldg. – Thane West – 400 601

### 1. PARTICULARS OF THE POLICYHOLDER

Policy Number  MWP Case Yes  No

Policyholder Name Title  Surname  First Name  Middle Name

c) Contact Details S  T  D   Mobile

Email Address  \* Mobile number is mandatory

### 2. DETAILS REGARDING SURRENDER/ PARTIAL WITHDRAWAL

Name of Plan  ULIP  Traditional

Request for Surrender  Partial Withdrawal  Partial Withdrawal Amount ₹

**What is the primary reason for surrendering your policy?**

Urgent money requirement  Unable to pay further premiums  Reinvestment in the better avenue  Returns below expectations

Unhappy with the services / sales interaction  Transfer to New Proposal Any Other Reason

Note: 1. Surrender/Partial withdrawal to be processed as per policy terms and conditions.

### 3. DETAILS REGARDING SURRENDER TRANSFER: This section is applicable only if Transfer to new proposal is opted for

Please mention Surrender Transfer amount: Full Surrender Value  OR Specify Surrender Transfer Amount  ₹

For Surrender Transfer, mention New Proposal no.  (to be filled in by Office Representative)

I hereby confirm transfer of my surrender proceeds as specified above to new proposal.

\_\_\_\_\_  
Signature of Policy holder or Assignee / Thumb Impression

Note: For Surrender Transfer, if none of the options for Full Value or Specific amount is mentioned, Full value will be transferred to new proposal by default. Also, if the Surrender value as on the effective date is lesser than the desired Surrender Transfer amount, Full value will be transferred to new proposal by default.

### 4. DOCUMENTS RECEIVED

Surrender Form  Original Policy Document  Policy Schedule  Photo ID Proof  Cancelled Cheque  Copy of Bank Passbook

### 5. FOR OFFICE USE ONLY:

Additional Remarks (If Any) :

Name  Emp Code

Sign \_\_\_\_\_ Date

Future Generali India Life Insurance Co. Ltd. Regn. No. : 133, Corp. Office: 6<sup>th</sup> Floor, Tower - 3, Indiabulls Finance Centre, Senapati Bapat Marg, Elphinstone Road, Mumbai-400013

### ACKNOWLEDGEMENT

We value your association with Future Generali India Life Insurance Company Limited

We acknowledge receipt of your request for Full Surrender / Partial Withdrawal for Policy No. \_\_\_\_\_ and will get back to you at the earliest in case of further requirements.

Assuring you of our best services.

Branch Name  Date  Time

Branch Seal with Date & Time  
&  
Signature of branch official

## 7. PAYMENT DETAILS

Name of Payee as in the Bank Account

\* Where the policy is absolutely assigned the payout will be processed in favor of the Assignee

Bank Name

Branch Name

Bank Account Number

Bank Account Type Savings  Others

MICR Code  (You can get this code from your cheque book)

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



Declaration :

- I would not hold Future Generali India Life Insurance Co. Ltd. responsible in case of non-credit to my bank account or if the transaction is delayed or not effected at all reasons of incomplete/incorrect information. Further, the Company reserves the right to use any alternative payout option including a demand draft/payable at par, cheque inspite of opting for Electronic payout method. Please note that IFSC code for RTGS & IFSC code for NEFT may be different.
- I hereby take the sole responsibility for the correctness of my Bank Account number and other details of this form. I undertake that I will not hold the Company responsible in any manner for any transactions effected by the Company due to incorrect Bank Account number or other details stated by me.

**MANDATORY**  
  
 Signature of Policy holder or Assignee / Thumb Impression

Date

## 8. DISCHARGE VOUCHER

Pursuant to my / our request for Surrender, I/We agree and accept the value as on date of surrender. I understand the surrender value for the policy is ₹ /-

Amount in Rupees (Words):

This discharge is being given by me in full and final settlement against the claims and dues of whatsoever nature the Policy No.  issued by Future Generali India Life Insurance Company Limited (Company).

I/We shall indemnify and keep Company indemnified against all claims, liabilities of whatsoever nature which are submitted or filed against the Company in respect of the above said policy

Account Number

Bank Name

**MANDATORY**  
  
 Signature of Policy holder or Assignee / Thumb Impression

Revenue Stamp

Date

## 9. DECLARATION BY THE PERSON FILLING IN THE FORM (For form filled in by a scribe or for forms signed in vernacular languages / bearing Thumb Impression)

I , residing at  having known the policy holder for a period of  do declare that I have explained the nature of the questions contained in this form to the policy holder. I have also explained that the answers to the questions form the basis for accepting the request for Partial Withdrawal / Full Surrender.

Signature of Person filling the form

Signature of Policy holder or Assignee / Thumb Impression

Attestation for  
 Thumb Impression

Date

Date

Note: In case of Thumb Impression attestation should be from a Notary / Gazetted Officer/ SEM / Bank Branch Manager / FGI Branch Manager or a person of Local Standing with Name, Signature, EMP Code, Seal as applicable



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 Life Insurance Company Limited

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Toll free number -1800-102-2355, Email:care@futuregenerali.in

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