

APPLICATION FOR PARTIAL WITHDRAWAL

(Kindly fill in Block Letters)

GENERAL INSTRUCTIONS

- Amount payable on Partial Withdrawal is as per the terms and conditions of the policy contract.
- All the required details in the form should be completely filled in.
- Once requested, the partial withdrawal transaction cannot be cancelled.
- In case your policy has been assigned, the partial withdrawal request would be accepted if the consent from the assignee of the policy is received.
- The cut off timings for NAV application in respect of allocation and redemption of units is 3:00 PM. This implies that if the application for partial withdrawal is received up to 3:00 PM on a weekday except holiday, the same day's unit value will be applicable. However, if the application for partial withdrawal is received after 3:00 PM on a weekday, then the next working day's unit value will be applicable (when the applicable day is not a working day valuation day would be considered).
- Partial withdrawals are not allowed in case of minors.

POLICY NUMBER																									
POLICY OWNER NAME																									
ADDRESS																									
	City																								
State																				PIN					
TELEPHONE NUMBERS (STD CODE)	Residence																								
	Office																								
	Mobile																								
Note: In case of address change or contact details change, please fill up a separate Policy Request Form and submit with valid address proof.																									
PAN Card																									

PARTIAL WITHDRAWAL PAYOUT OPTIONS - Tick (as applicable)

Fund Transfer (fill-up the details below)

ACCOUNT HOLDER Name																									
BANK NAME AND BRANCH																									
BANK ACCOUNT NUMBER																									
ACCOUNT TYPE	<input type="checkbox"/> Savings												<input type="checkbox"/> NRE / NRO*												
IFSC CODE																									

- Cancelled cheque leaf along with pre-printed name
- If cheque does not contain pre-printed name, then please submit self-attested and Bank attested copy of bank statement/ pass-book showing pre-printed bank account number, account holder name, type of account, address, and IFSC code (which should be less than 6 months old)
 *For NRE/NRO account, letter from Bank/bank statement confirming all the premiums are received from the mentioned account number.
- Certification by Customer's Bank (to be provided only in case cancelled cheque leaf/Bank pass book not provided)
 We hereby confirm that the above bank details provided are correct and pertains to
 Mr./Ms. _____

 Name / Emp id/ Signature of the Branch Manager

Date

D	D
---	---

 /

M	M
---	---

 /

Y	Y	Y	Y
---	---	---	---



WITHDRAWAL AMOUNT (In Rupees or in percentage holding)					
NAME OF THE FUND				PERCENTAGE	AMOUNT (Rupees)
Monthly Interest Account				□□□□ %	
Guaranteed Return Fund	Fund code		Maturity date	□□□□ %	
Capital Guaranteed Fund				□□□□ %	
Nifty Index Fund				□□□□ %	
Bond Fund				□□□□ %	
Income Fund				□□□□ %	
Liquid Fund (Maximum allocation to liquid fund can not exceed 40%)				□□□□ %	
Equity Growth Fund				□□□□ %	
Aggressive Asset Allocator Fund				□□□□ %	
Moderate Asset Allocator Fund				□□□□ %	
Cautious Asset Allocator Fund				□□□□ %	
Midcap Fund				□□□□ %	
Pure Fund				□□□□ %	
TOTAL				100%	
Amount in words Rs. _____					

DECLARATION FOR PARTIAL WITHDRAWAL

DECLARATION BY THE POLICYHOLDER

I/We wish to withdraw the amount indicated above from units credited to my policy. I understand and agree to all information and terms and conditions given above and as is stated in my policy document.

DECLARATION BY PERSON FILLING THE FORM (For form filled in by a scribe for forms signed in vernacular languages)

I _____ having known the policyholder for a period of _____ do declare that I have explained the nature of the questions contained in this form to the policyholder. I have also explained that the answers to the questions form the basis for accepting this request for Partial Withdrawal.

Place	Date	□ □ / □ □ / □ □ □ □
Signature of Policy Owner		
Signature of the Person filling the form on behalf of the policy holder (For forms signed in vernacular language / Thumb Impression)		

IMPORTANT GUIDELINES

- Cheque submitted along with payout requests should be cancelled/defaced. While doing so, please ensure the account no. / IFS code is clearly visible.
- Cheque should not be signed
- Attached snap shot of cancelled cheque for better understanding of customer. Highlighting the following checks. (Pictorial)
 - How to put Cancel cheque reflects
 - Mentioned Cheque not to be signed at the signature part
 - Importance of A/c No. & IFS Code – Highlight this area with comment “Ensure highlighted area is not defaced while cancelling the cheque”



→ Please ensure you do not deface this part while canceling the cheque
→ Kindly deface the cheque number