

ARE YOU SURE?

Surrendering your life insurance policy would mean surrendering its benefits too!

PLEASE CONSIDER THE FOLLOWING POINTS BEFORE YOU SIGN THE FORM:

NO LIFE COVER



In case of Surrender, your insurance policy will no longer be in force.

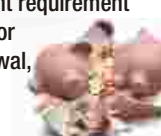
EXPECT BETTER RETURNS

Pay all your premiums and stay invested for the entire tenure of the policy, you can expect better returns in the long run.



OPTION OF PARTIAL WITHDRAWAL

In case of urgent requirement of money, opt for Partial Withdrawal, if available.



CONSIDER NEW POLICY

As per your changing financial needs, invest in a new policy but not at the cost of the existing policy



Reason for Surrender (Please ✓):

- Purchase of Asset Purchase of Financial Instrument Personal Expense (Marriage, Education, etc)
 Unsatisfactory Returns Unsatisfactory Services Others, please specify _____

AFFIX YOUR RECENT PHOTOGRAPH HERE

SURRENDER/PARTIAL WITHDRAWAL APPLICATION FORM

SBI Life Policy No.

Surrender:

I/We _____ wish to surrender my/our above mentioned policy and request you to settle the surrender value against my/our policy. Further I/we, hereby declare that:

- Policy is not assigned
- Policy is not issued under the provisions of MWP Act / HUF
- Policy has not been attached by any Authority/Court
- There are no encumbrances of what so ever against the policy

Partial Withdrawal:

I/We _____ wish to withdraw an amount of ₹ _____ (In words Rupees _____ only)

under my/our above mentioned policy.

I/We wish to withdraw maximum eligible Partial Withdrawal Amount under the above mentioned policy.

I/We understand that if Fund Value after the Partial Withdrawal goes below ₹10,000/- or one annualized premium (whichever is applicable), the policy will be foreclosed as per the terms & conditions of the policy.

Signature of Witness

Name: _____

Present Address: _____

Contact Number: _____

(Complete address and contact number is Mandatory)

Signature of Policyholder/Assignee

(Assignee's signature in case policy is assigned)

Name: _____

Present Address: _____

Contact Number: _____

(Complete address and contact number is Mandatory)

I/We do hereby acknowledge receipt from SBI Life Insurance Co. Ltd., a sum of Rupees (in figures)

_____/-, (Rupees _____

_____) only, being the Surrender Value/Partial Withdrawal amount towards the policy.

Affix One Rupee Revenue stamp & sign across

(If policyholder is an illiterate or signing in vernacular language, his/her thumb impression/signature must be attested by any gazetted officer, notary, his banker with his official seal or by an Official of SBI Life not below the Rank of AM after explaining the contents of this application)

Name: _____ Designation: _____

Address: _____

Signature: _____

NOTE:

- 1) In case of address other than the one mentioned in SBI Life's records, please submit the request along with ID proof & address proof.
- 2) This request should be accompanied with Original Policy Document.

