

SURRENDER REQUEST FORM

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Kindly reconsider your decision of surrendering your Insurance policy, as it is worth your Financial Security!!

Your Insurance Product delivers best value in the **long term** / **Partial Withdrawal** can be opted by you to meet your emergency requirements

Policy Number:

Name of Policyholder:

Address:

Phone No.: Mobile No. (Mandatory):

Email ID:

Reason for Surrender: _____

Pan Card: (Pan Card No. required if surrender value is more than ₹ 50,000/-)

SURRENDER VALUE DETAILS – FOR BRANCH USE ONLY

Gross Surrender Value (approx): ₹ _____

Less: Surrender Charge: ₹ _____

Less: Loan Amount: ₹ _____

Less: Loan Interest Accrued: ₹ _____

Net Surrender Value: ₹ _____

Surrender Effective Date: _____

ADVANCE DISCHARGE RECEIPT

Received from Star Union Dai-ichi Life Insurance Co. Ltd the sum of ₹ _____ (as set out in the detailed statement above) in full settlement of all claims, as per the policy number mentioned above, in consideration of which the said policy is hereby discharged, surrendered.

Note: As per the IRDA guidelines, the cut off timing for NAV application currently is 3:00 pm. This implies that if the application for surrender is received up to 3:00 pm on a working day (Mon-Fri), the same day's NAV will be applicable. If the application is received after 3:00 pm on working day (Mon-Fri), then the next working day's NAV will be applicable. If the applicable day is not a valuation day, NAV of the next immediate valuation day would be considered. The exact surrender value will be calculated as on the date of processing.

Name of Policyholder: _____

Address of Policyholder: _____

Name of Witness: _____

Address of Witness: _____

Signature of Policyholder:

Please affix Re 1/- revenue stamp & sign across the stamp

Signature of Witness:

SURRENDER ACKNOWLEDGMENT SLIP

Policy No.:

Thank you for choosing Star Union Dai-ichi Life Insurance. Your request will be processed in maximum of 10 working days subject to documents being complete

Name of Policyholder:

Name of SUD Life Staff:

Date and Time: Signature & Stamp:

Note: Please produce this acknowledgment slip for any communication with regards to this request in future.

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BANK ACCOUNT DETAILS (Mandatory)

Bank Name:

Branch Address:

Bank A/C No.: Type of Account

IFSC Code: MICR Code:

Account Holder's Name:

Bank Loan A/C. No. _____ (incase the policy has been assigned to the bank)

DECLARATION TO BE MADE BY A THIRD PARTY IF:

The policyholder has affixed thumb impression OR The policyholder has signed in vernacular OR The policyholder has not filled the Application.

I, Mr./Ms./Dr.

Address

having known the policyholder for a period of (month/years); do declare that I have explained the contents of this form to the policyholder in his/her language and have truthfully recorded the answers provided by him/her. I further declare that the policyholder has affixed his signature/thumb impression in my presence.

Signature of Declarant: Place: _____ Date: _____

FOR BANK/BRANCH USE ONLY

Name of the staff: _____

Branch Checklist:

Policy Document / Indemnity Bond:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Cancelled Cheque in original / Pass Book Copy(self attested) :	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Photo ID Proof (self attested):	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Address proof (self attested):	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Customer Signature Verified:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Signature & Branch Date/Time Stamp: