



Surrender/Partial Withdrawal Application Form

PLEASE CONSIDER THE BELOW FACTS BEFORE YOU SIGN THIS FORM:

Life Cover: In case of Surrenders, your Policy will no longer be in force. No life cover will remain on your policy.

Expect Better Returns: It is advisable to pay all your premiums and remain invested for the entire tenure of the ULIP policy. You can expect better returns in the long run.

Surrender Charges: Surrender charges are applicable on the surrender of a policy. This will reduce your fund value. If there is urgent money requirement, we request you to go for **Partial Withdrawal**, if available, rather than surrender. For more details on partial withdrawal please contact your Advisor/CIF or you can call us on our toll free nos 1800 222 123 or 1800 419 9010.

SBI Life Policy No.

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

Policy is not assigned to anyone	Yes/No
Policy was issued under the provisions of MWP Act / HUF	Yes/No
Policy has been attached by any Authority/Court	Yes/No
There are encumbrances against the policy	Yes/No

Partial Withdrawal:
I / We _____ wish to withdraw an amount of Rs. _____ (In words Rupees _____ only) under my above mentioned policy.

I/ We understand that if fund value after the partial withdrawal goes below Rs.10000/- or one annualized premium (whichever is applicable), the policy will be foreclosed as per the terms & conditions of the policy.

Bank A/C No.: _____
IFS Code: _____
Type of Account: _____

Bank Name: _____
Branch Name: _____

Signature of Witness:

Signature of Policyholder/Assignee
(Assignee's signature in case policy is assigned)

Name:.....
Present Address:.....
.....
.....
Contact Number:.....
(Complete address and contact number is Mandatory)

Name:.....
Present Address:.....
.....
.....
Contact Number:.....
(Complete address and contact number is Mandatory)

(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)

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.

BANKER'S ATTESTATION
We hereby certify that the account details mentioned above are correct and as per our records.
Bank Authorized Signatory: _____
Full Name with designation: _____
& SS No. _____ (Affix Stamp)

Affix One
Rupee Revenue
stamp & sign
across

Date: _____ Place: _____

NOTE:

For NRI/NRE account, letter from the bank is required for the direct credit of the surrender proceeds. Please provide any one of the following:

- Cancelled cheque leaf/ photocopy of cheque leaf along with preprinted name.
- Attestation by branch manager of the bank where the bank account is being maintained.
- Front page of Bank Passbook copy showing preprinted bank account no., account holder name with the address same as mentioned in our records duly attested by the customer.

In case of address other than the one mentioned in SBI Life's records, please submit the request along with ID proof & address proof.

SBI Life Insurance Co. Ltd

Corporate Office: "Natraj", M.V Road & Western Express Highway Junction, Andheri (East), Mumbai-400069

Central Processing Center: Kapas Bhavan, Plot No.3A, Sector No.10, CBD Belapur, Navi Mumbai-400614