

SURRENDER APPLICATION FORM

SBI Life Policy No.

I / We _____ hereby surrender my above mentioned policy and request you to settle the surrender value against my policy. Further I / We hereby declare that I / We have not assigned the above SBI Life Insurance Policy to anyone nor have I / we dealt with the same in any other manner. I / We understand that upon surrender the policy contract will be terminated and I / We will not be eligible for any benefits under the said policy.

I/We further declare that the policy was Issued / Not Issued under the provisions of MWP Act / HUF. I/WE further declare that the said policy has not been attached by any Authority/Court and that there are no encumbrances against the policy.

I/We do hereby acknowledge receipt from SBI Life Insurance Co. Ltd., a sum of Rupees (in figures) _____/-, (Rupees _____ only), being the Surrender Value. I herewith enclose the Policy Document. (Strike off, if Policy Document is not submitted for any reason whatsoever).

My Bank Account Details (Mandatory)

Bank A/c No: _____
IFS Code: _____
Type of Account: _____

Bank Name: _____
Branch Name: _____

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. In case of conditional assignment, both policyholder & assignee should sign)

Name:.....

Present Address:.....
.....
.....

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

Declaration of an English knowing person when Policyholder signs in vernacular language or affixes his/her thumb impression:

I hereby declare that I have explained the contents of this form to the Policy Holder in _____ language and that the Policy Holder has affixed his/her Signature / Thumb impression on the form in my presence, after fully understanding the contents hereof.

Signature of the person making the declaration
Name & Address: _____

(If policyholder is an illiterate, his/her thumb impression 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)

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:

- ✓ **Account Details are mandatory. In case of non receipt of account number payment will not be processed.**
- ✓ **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 along with preprinted name**
 - **Photocopy of the cheque leaf along with preprinted name**
 - **Attestation by branch manager of the bank where the bank account is being maintained**

Disclaimer: Please note that direct transfer will not be possible if the banks do not allow such a transfer. SBI life will not be responsible and liable for any losses occurred due to incorrect account details provided by the policyholder.

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