

Surrender/ Partial Withdrawal Request Form

Personal Details :	
Policy No. :	
Policy Holder Name:	
Contact No.	

1. I want to Surrender my above mentioned policy	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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2. Reason for Surrender :

3. In case of Partial Withdrawal :

Fund Options	Segregated Fund Identification Number (SFIN)	No of units	Amount
Individual Life Product Fund Names			
Balance Fund	ULIF 001 18/02/09 SUD-LI-BL1 142		
Equity Fund	ULIF 002 25/02/09 SUD-LI-EQ1 142		
Bond Fund	ULIF 004 25/02/09 SUD-LI-BN1 142		
Growth Fund	ULIF 003 25/02/09 SUD-LI-GR1 142		
Apex Balance Fund	ULIF 011 20/01/10 SUD-LA-BL1 142		
Apex Equity Fund	ULIF 009 20/01/10 SUD-LA-EQ1 142		
Apex Bond Fund	ULIF 012 20/01/10 SUD-LA-BN1 142		
Apex Growth Fund	ULIF 010 20/01/10 SUD-LA-GR1 142		
Express Balance Fund	ULIF 017 29/04/11 SUD-LX-BL1 142		
Individual Pension Product Fund Names			
Balance Fund	ULIF 007 31/03/09 SUD-PI-BL1 142		
Equity Fund	ULIF 005 31/03/09 SUD-PI-EQ1 142		
Bond Fund	ULIF 008 31/03/09 SUD-PI-BN1 142		
Growth Fund	ULIF 006 31/03/09 SUD-PI-GR1 142		
Apex Balance Fund	ULIF 015 20/01/10 SUD-PA-BL1 142		
Apex Equity Fund	ULIF 013 20/01/10 SUD-PA-EQ1 142		
Apex Bond Fund	ULIF 016 20/01/10 SUD-PA-BN1 142		
Apex Growth Fund	ULIF 014 20/01/10 SUD-PA-GR1 142		
TOTAL			

- **Note:** Request for Surrender/Partial Withdrawal request is acceptable subject to cut-off rules as defined by IRDA i.e. 3pm.

Office Use only :	
RO Code & Name:	
RO OPS official Name :	
Request Received Date & Time:	

Policy Holder Signature: _____

Date: _____

Policy Holder Name: _____

Declaration to be made by a third person where:

The life assured has affixed his/her thumb impression; OR
The life assured has signed in vernacular; OR
The life assured has not filled the application.

I hereby declare that I have explained the contents of this application form to the life assured in _____ language and have truthfully recorded the answers provided by him. I further declare that the Life Assured has signed/affixed his/her thumb impression in my presence.

Declarant Signature: _____ Date: _____

Declarant Address: _____