



**SBI LIFE INSURANCE**

Place:

Date :

To  
The Manager, Group Operations / Claims,  
SBI Life Insurance Co., Ltd., CPC, II Floor,  
Kapas Bhavan, Sector 10, CBD Belapur,  
**Navi Mumbai – 400 614.**

**SUB; Extension of Cover till 65 years of age/ Discontinuation of cover under SBI Staff Group Insurance Scheme after retirement.**

PF NO. \_\_\_\_\_ Name : \_\_\_\_\_

Bank : State Bank of Mysore Last served Branch : \_\_\_\_\_

Date of Retirement : \_\_\_\_\_

Respected Sir,  
Kindly confirm from any one of the below :

\* **Extension of over till 65 years of age.**

I \_\_\_\_\_ have retired / will be retiring from the services of the bank with effect from \_\_\_\_\_. I have been a member of the above mentioned Staff Group Insurance Scheme of SBI Life and would like to continue my membership till age 65. I understand that I have the option to pay the yearly premiums directly to SBI Life well within the due date. Please find enclosed cheque / DD of Rs. \_\_\_\_\_ vide cheque No. \_\_\_\_\_ Dated \_\_\_\_\_ Drawn on \_\_\_\_\_ towards the premium for the following year commencing from \_\_\_\_\_ (month following the date of retirement & year)

- **Discontinuation of cover after retirement**

In case, you are not interested in continuing the policy, kindly provide the below details to enable us to transfer the proceeds to your bank account.  
Please find below my latest Bank account details and communication address.

Bank Name STATE BANK OF MYSORE BRANCH CODE \_\_\_\_\_

Bank A/c No. \_\_\_\_\_ IFSC CODE \_\_\_\_\_

**Communication details:** Address : \_\_\_\_\_

CITY \_\_\_\_\_

PINCODE \_\_\_\_\_

Regards, Phone No \_\_\_\_\_

(Signature)  
Name :

