



SURRENDER/PARTIAL WITHDRAWAL REQUEST FORM

Mandatory documents of policyholder - Self attested Photo ID & Address Proof, PAN, Customised cancelled cheque/Pass-book, Policy document/Indemnity bond

- 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
Please opt for a Partial Withdrawal to meet your emergency requirements

Policy Surrender Rider Surrender Partial Withdrawal (please mention the amount) ₹
Policy No.: PAN (Mandatory):
Name of Policyholder:
Address:
Phone No.: Mobile No.:
Email ID:
Reason for Surrender:

i. Are you a resident of jurisdiction outside India? Yes No

(If the answer to the above question is 'Yes', please specify your country of residence and it is mandatory to fill in FATCA/CRS Form)

ii. Country of Residence

Bank Account Details (Mandatory)

Account Holder's Name:
Bank Name:
Branch Name:
Bank A/C No.: IFSC Code:
MICR Code: \*Loan A/C No.:
\*\*Digital A/C No.: (\*mandatory for payment of Assigned policy)
(\*\*mandatory for payment to Union Bank of India NRE or Union Bank of India Assigned policy)

Note: Account has to be Active and at least 6 months to 1 year old

SURRENDER /PARTIAL WITHDRAWAL DETAILS - For Branch use only

Surrender effective date: DDMMYYYY Gross Surrender value: ₹

ADVANCE DISCHARGE RECEIPT

Received from SUD Life sum of ₹ 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 new IRDA guidelines, the cut off timings for NAV applicable currently is 3:00pm. This implies that if the application for surrender is received up to 3:00pm on a working day (Mon-Fri), the same day's NAV will be applicable. If the application is received after 3:00pm on a 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. Charges as applicable will be deducted from the Gross Surrender value.

I, Mr./Ms./Dr.

Hereby confirm that I have read all the relevant provisions and understood them and its impact.

ACKNOWLEDGEMENT SLIP - SURRENDER/PARTIAL WITHDRAWAL REQUEST FORM

Policy No.:
Name of Policyholder:

Branch Date/Time Stamp (Affix stamp in this box only)

Thank you for choosing SUD Life. Your request will be processed within 10 days subject to documents being complete



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IRDA REGN. NO. 142

The information on this form and to the best of my/our knowledge and belief the certification is true, correct and that the Company is relying on this information. I/We understand that the Company is not able to offer any tax advice on CRS/FATCA or its impact. I/We shall seek advice from professional tax advisor. I/We further agree to submit a new form within 30 days if any information or certification on this form becomes incorrect. I/We agree that as may be required by domestic regulators/tax authorities the Company may also be required to report, reportable details to CDBT or close or suspend my account.

Name of Policyholder: \_\_\_\_\_

Signature of Policyholder: \_\_\_\_\_

Name of Witness: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

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

### Declaration to be made if

Policyholder has affixed thumb impression OR Policyholder has signed in vernacular OR 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.

Date:

Signature of Declarant: \_\_\_\_\_

### FOR OFFICE USE ONLY (Affix stamp in the box )

Signature verified:  YES  NO

Branch Date/Time Stamp  
(Affix stamp in this box only)

Bank/Branch staff signature: \_\_\_\_\_

### Branch Checklist:

Policy Document / Indemnity Bond:  Yes  No

Cancelled Cheque in original / Pass Book Copy (self attested):  Yes  No

Photo ID proof (self attested):  Yes  No

Address proof (self attested):  Yes  No

Customer Signature Verified:  Yes  No

## Star Union Dai-ichi Life Insurance Company Limited

Registered Office: 11<sup>th</sup> Floor, Vishwaroop IT Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai – 400 703.

Toll Free No.: 1800 266 8833 (9:30 am to 6:30 pm – Mon to Sat) | Tel.: 022-7196 6200 | Fax: 022-7196 2811

Email: [customercare@sudlife.in](mailto:customercare@sudlife.in) | Website: [www.sudlife.in](http://www.sudlife.in) | IRDAI Regn. No. 142 | CIN: U66010MH2007PLC174472

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*We mean life!*