SURRENDER/PARTIAL WITHDRAWAL REQUEST FORM

SUD Life
A joint venture of Bank of India | Union Bank of India | Dai-ichi Life

IRDA REGN. NO. 142

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: D D M M Y Y Y Y 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.

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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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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 CBDT 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: D D M M Y Y Y Y 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

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