

Application No:

Ramky Selenium, Plot No. 31 & 32, Beside Andhra Bank Training Centre,
Financial District, Gachibowli, HYDERABAD-500032.
Tel: +91-40-23009400

Application Form for Policy Surrender

Date: ___/___/_____

(This application form is to be used only in case of Absolute Assignment)

Policy Number

Name of the Policy Holder
(As in Policy Document) Mr/Mrs/Ms First Name Last Name

Present Address of Policy Holder

City State Pin Code

Pay Out Details:	Account Holder Name	<input type="text"/>
	Bank Account No:	<input type="text"/>
	Bank Name & Branch	<input type="text"/>

* I would like to receive my payment through crossed cheque based on the details mentioned above and I hereby take the sole responsibility for the correctness of the bank account number and other details of this form. I undertake that, I'll not hold the company responsible in any manner for any transactions affected by the company due to the incorrect bank A/C No: (or) other details stated by me.

Contact Numbers
Mobile STD Code Residence / Office

Email Id (if any)

Policy Surrender: I would like to surrender my above mentioned policy. I understand that the surrender of policy requires submission of original policy document as it means termination of the policy. I am enclosing the original policy document and discharge form along with this application form. I also understand that the surrender value will be arrived at depending on the N.A.V on the date of processing of request and after deducting the surrender charges as mentioned in the policy document and Surrender Quotation. I give my full consent and accept all the conditions mentioned above.

** In case of Absolute Assignment, the payment will be made only to the Assignee.

Signature of the Assignee(s): (Rubber stamp of Assignee / Company)



1. _____.

Name of the Assignee
Mr/Mrs/Ms First Name Last Name

Address of the Assignee
City State Pin Code

Contact Numbers
Mobile STD Code Residence / Office

Name of the Witness
Mr/Mrs/Ms First Name Last Name

Present Address of the Witness

Contact Numbers
Mobile STD Code Residence / Office

Date ___/___/_____ Place _____ Signature of the witness _____

Surrender Application - Acknowledgement:

Application No

Policy No:

Application Received Date: ___/___/____. Time: _____ Am / Pm

Policy Holder Name: _____

Office Stamp & Seal (with time & date)

(Application for Surrender Received)

The following documents are enclosed along with the Loan application: (Tick ✓ the appropriate box)

◆ Original Policy Certificate. ◆ Surrender Application Docket.

Signature of Office Incharge

★ If the signature varies from the one signed in the proposal form or Assignment deed, the please get the Notarization done as enclosed herewith.

Signature of Policy holder (as signed in this form)

Signature & Stamp of Notary

Note:

- ❖ All the columns to be duly filled by the **Proposer/Policy holder**. Once **Surrender** request is submitted, the same cannot be cancelled and further claims will not be admitted. Reinstatement of a policy is not allowed, once it is surrendered by the policy holder.
- ❖ The decision to accept or reject a surrender request, vests solely with the Authority who was authorized by the Shriram Life Insurance Company.
- ❖ In case of **Absolute Assignment, Surrender request** is accepted only with the **Consent / Discharge Form** from the **Assignee** clearly specifying on whose favor the **Surrender Value** is to be processed.
- ❖ The **Net Amount of Surrender Value** payable mentioned in the Quotation for Surrender request is only **indicative** and may **vary** depending on the date the **Surrender request** is **processed** by the branch.
- ❖ Once application for Surrender is received by any of our branches, subsequent requests for other benefits, Claim intimation etc will not be accepted for processing by the Shriram Life Insurance Company Limited.
- ❖ Once Surrender value is paid on a policy, the policy contract stands terminated and subsequent claims on that policy will not be entertained by us.