

Birla Sun Life Insurance Company Limited

Registered Office: 6th Floor, Vaman Centre, Makhwana Road, Off Andheri-Kurla Road, Andheri (E), Mumbai 400059.
Call Centre: 1-800-22-7000 / 1-800-270-7000 Fax No : 022 - 4096 1373 www.birlasunlife.com.
 Insurance is the subject matter of the solicitation.



*Any alterations/corrections made in the form need to be signed by the policy owner.
 Please use a separate request form for each policy.*

Policy No.

Name of Policy Owner / Assignee _____
 (Title) (First Name) (Middle Name) (Surname)

Cash Withdrawal request
 Rs. _____ OR The maximum available amount

Policy Loan request
 Rs. _____ OR The maximum available amount
 Birla Sun Life Insurance Company Limited having agreed to advance a loan under Policy number _____ on the life of Mr./Mrs./Ms. _____,
 I / We the Policy Owner of the policy do hereby absolutely and irrevocably assign and transfer all my / our rights, claims, title and interests under the said Policy to BSLI to be held by it as security for the repayment of the loan with interest at the rate/(s) agreed upon.

Notes:

- The Cash Withdrawal will be effected at the unit price declared on the date the request is received and accepted at the Company's Office before the cut off time prescribed by IRDA. Currently the cut off time is 3.00 pm. Any request submitted and accepted at the Company's office after the cut off time i.e 3.00 pm will be effected as per the next unit price which is declared.
- Cash Withdrawal and Policy Loan are subject to administrative guidelines.
- If the request for a cash withdrawal or Policy Loan is more than the amount available, the application will be processed only for the amount available.
- In case of a policy loan, this form shall be accompanied by the original policy document.

Advance Receipt for Cash Withdrawal / Policy Loan Amount

I/We hereby acknowledge receipt of Rs. _____ as Cash Withdrawal / Policy Loan, from Birla Sun Life Insurance Company Limited.
 I / we agree to pay interest on the policy loan the rate of **14.75 %** p.a. compounding daily or at such other rate of interest as the Company may stipulate from time to time. I/we am/are aware of the terms and conditions on which the loan has been advanced as endorsed on the policy.

Policy Owner / Assignee's Name
 Signature: _____

Kindly Affix
 Re. 1. Revenue
Stamp & sign
 across
(Mandatory)

Date _____
 (dd) / (mm) / (yyyy)
Witness
 Signature _____
 Name _____
 Date _____ (dd)/(mm)/(yyyy)

For Branch use only
Received
 Original Policy Documents
 Any other Document
 Date: _____ Time: _____
 BSLI Staff's Sign: _____
 BSLI Staff's Name: _____

Please ensure to collect stamped, signed and filled up acknowledgement slip, which you can refer to for all your communications in regard to this request



Acknowledgement slip

Received with thanks a request for Loan/Withdrawal against Policy Number _____
 On ___ / ___ / ___ Date at _____ AM/PM (Time).

Stamp/Seal of the branch

BSLI Staff's Name & Signature _____

Branch Inward Register Sr No _____

Note: Please produce this acknowledgement slip for any communication with regard to this request in future.

