

APPLICATION FOR SURRENDER / MATURITY OF POLICY

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.



Birla Sun Life
Insurance

Registration No. 109

I hereby wish to state that I / We intend to Surrender the policy number _____ for the following reason _____ / Maturity of The Policy.

ADVANCE DISCHARGE FORM

Received from **BIRLA SUN LIFE INSURANCE COMPANY LIMITED** the sum of Rs. _____ (as set out in the Detailed Statement below) in full settlement of all claims, as per the policy number mentioned above, in consideration of which the said policy is hereby discharged, surrendered and delivered to the said Company.

Detailed Statement For Office Use Only**

Base Cash Value	Rs _____
<i>Less: Surrender Charges</i>	Rs _____
<i>Less: Loan Amount</i>	Rs _____
<i>Less: Loan Interest Accrued</i>	Rs _____
Cash Surrender/ Maturity Value	Rs _____

Surrender/Maturity effective Date: _____

Please read all instructions before signing the form

- ** **Original policy documents need to be submitted alongwith the discharge form.**
- ** The Maturity value will be arrived at unit prices of the day on which the Policy is maturing.
- ** The Surrender 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.

I hereby declare that I understand and agree to all the conditions & information given above.

Signed at _____ this _____ day of _____ 20 _____

Policy Owner:

Name & Address for future correspondence

Witness:

Name & Address

Cheque to be despatched :

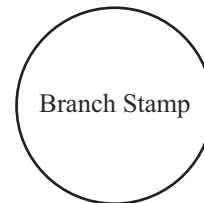
- Branch
Name of the Branch _____
- Residential address

Signature: _____

Signature: _____

Kindly affix
Re. 1
Revenue Stamp
& Sign Across
(Mandatory)

***For Branch use only**



Received

Original Policy Document Date : _____ BSLI Staff's Sign: _____

Any Other Documents Time : _____ 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 **Surrender / Maturity**, against policy number/s _____ on ____ / ____ / ____ (Date) at _____ (Time).

BSLI Staff's Name & Signature _____
Branch Inward Register Sr No _____

Stamp/Seal of the branch

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

