LIC

LIFE INSURANCE CORPORATION OF INDIA – GANDHINAGAR DIVISION

SV Form - FN.5074

FORM OF RECEIPT FOR SURRENDER VALUE OF POLICY NO _____

On the life of _____ for Rs._____Dated_____

I / We_____ do hereby acknowledge receipt from LIFE INSURANCE CORPORATION OF INDIA, of the sum of Rs._____ being the Surrender Value Including Cash Value of Bonus of the above mentioned Policy,which is herewith delivered upto the said Corporation to be cancelled. In Witness whereof these presents are subscribed by me / us at _____(PLACE) the / / 20 (DATE).

Surrender Value (inclusive of Cash Value of Bonus) Rs. _____

LESS : Loan & Int. Rs._____

Oth.Ded., If any. Rs._____

Net Payable Rs. _____

FN 3510 : I / We hereby declare that I / We have not served on any office of LIC Of India any notice of assignment or reassignment in respect of the above Policy except those, if any already registered in LIC Of India, or the Insurer, who assured the above Policy nor shall I / We serve on any office of the said Corporation, any notice of assignment or reassignment before payment of Loan / Surrender.

Policyholder NEFT Details / વીમેદાર બેંક વિગત :

Acct No : _____ IFSC Cd : _____

Bank Name & Address : _____

Bank Account Holder Name : _____

Application for SV : I request you to process my Surrender Value Application of the above Policy.

TRS ADDENDUM : Declaration of Tax Resi. for FATCA / CRS Reporting - Sec 285BA of IT Act, 1961) Is your country of Tax Residency outside India ? Y / N

If Y,fill Self Certification Form for Individuals.

x _____

* Witness / સાક્ષી Signature: _____

Name & Address : _____

_____ Mob : _____

x Sign of Pol.Holder On Rs.1/- Rev.Stamp

Policyholder / વીમેદાર Name : _____ Address : _____

_____ Mob : _____ E :

Retention of Life Cover : Questionnaire to be submitted with Surrender Application / Discharge Form - Non-Ulip (Ann. I)

Policy No. _____

Name of LA _____

1. Reasons for Surrender of the LIC Policy.
(1) Urgent Financial Need (2) Not Satisfied with T&C of the Plan
(3) Not Satisfied with Service (4) Any other reason.

2.Are you aware that Surrender of LIC Policy shall result into Loss of Life Cover ? 1.Yes 2.No

3. Are you aware that Surrender of Policy may be financially Disadvantageous ? 1.Yes 2.No

4. Are you aware of the approximate SV for your Policy

Rs. _____ .

x _____
Signature of Policyholder

I hereby declare that I have understood the various aspects of Surrender of my Policy and am signing the discharge form after understanding the same.

x
Signature of Policyholder : _____

Exit Interview : Certificate of Exit Interview conducted at BO / DO (Ann. II)

Policy No. _____ Date of SV Request : _____

Name of Life Assured: _____

1. Reasons for Surrender of the LIC Policy.
(1) Urgent Financial Need (2) Not Satisfied with T&C of the Plan
(3) Not Satisfied with Service (4) Any other reason.

2. Is the Policyholder aware that Surrender of LIC Policy may incur a loss of life cover ?
1.Yes 2.No

3. Is the Policyholder aware that Surrender of LIC Policy may be financially Disadvantageous ? 1.Yes 2.No

4. Is the Policyholder aware of the approximate SV ? 1.Yes 2.No

SV Amt. Rs. _____

I hereby declare that I have conducted the Exit Interview(Personally / Over Telephone)

Place : Date : / / 20 . Time : _____ Hrs.

Signature of Official who conducted the Exit Interview : _____

Name : SR No. : Cadre :

Branch / Divisional Office :

Attach: (1) Original Policy Document (2)Cancelled Chq. Leaf (3) KYC & PANCARD Copy x Policyholder Signature - 4 Places * Witness Signature - 1 Place.

WE DONOT ENCOURAGE SURRENDERS SINCE IT INCURS LOSS OF VALUABLE LIFE COVER & IS DISADVANTAGEOUS TO THE POLICYHOLDERS.

SV APPL/DV FORM 5074 / 3510 / NEFT / FATCA-CRS / ANN.1 Q / ANN.2 - EXIT INT.