LIFE INSURANCE CORPORATION OF INDIA F.N.5074

भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

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 Rs._____
Interest Rs._____
APL Debt Rs._____
Other Chg Rs._____ Rs._____

Net Payable Rs._____

Declaration : 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.

English Knowing Witness:
Signature: _____

Full Name: _____

Address: _____

_____

1Rupee Revenue Stamp

_____
(Sign of Life Assured on Rev.Stamp)

POLICYHOLDER NEFT DETAILS:

Acct. Holder Name : _____

Acct. No.: _____

Acct Type: _____ **IFSC :** _____

Bank Name & Address : _____

Present Address: _____

_____

_____Pin _____

Contact No. : _____

Email: _____

Questionnaire to be submitted with Surrender Application / Discharge Form (Non-Ulip)

Policy No. _____ Name of Life Assured: _____Date of Surrender : _____

1. Are you aware that Surrender of LIC Policy means losing life cover & financial loss to you? 1.Yes 2.No

2. 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.

3. Whether Surrender Amount is being invested in any other LIC Product? 1.Yes 2.No

I hereby declare that I have understood the Surrender Value Calculation fully and signing the Discharge Form after understanding The same.

Attach: (1) Original Policy Document (2) Cancelled Cheque Leaf
(3) KYC / Photo ID Copy (4) Pan Card Copy

_____
(Signature of Policyholder)