



IRDAI Regn. No. 135. | Corporate Identity Number: U66010MH2007PLC167164. 22<sup>nd</sup> Floor, A Wing, Marathon Futurex, N M Joshi Marg, Lower Parel (E), Mumbai 400013. Toll Free: 1800 209 0502 (Monday to Saturday; 8 am to 8 pm). E-mail: support@ageasfederal.com.

## APPLICATION FOR SURRENDER OF POLICY

(Kindly fill in Block Letter and Use Black Ink)

Any alterations/corrections made in the form need to be signed by the policy owner. Please use a separte request form for each policy.																																				
4 REASONS WHY YOU SHOULD NOT SURRENDER YOUR POLICY																																				
1				2									3									4														
YOUR LIFE INSURANCE COVER STOPS					YOU MAY HAVE TO PAY TAX ON YOUR SURRENDER AMOUNT									YOU LOSE THE OPPORTUNITY TO GROW YOUR MONEY									Y	YOUR NEW LIFE INSURANCE POLICY WILL COST YOU MORE												
THINK AGAIN Are you sure you want to sur On Surrendering, your LIFE of Buying Insurance later may p	COV	ER c										уо	f the <sub>l</sub>	oolie	cy be	nef	fits.																			
POLICY INFORMATION																																				
POLICY NO					I		Ι																													
POLICY OWNER NAME	F		R	S	Т	N	1	A M	Е					M		D	D	L	Е	Ν	Α	M	Е					L	А	S	Т	Ν	А	M	Е	
CONTACT DETAILS		BILE ND L		 E (S <sup>-</sup>	(STD CODE)															EI	MAII	L ID										E	L			
Note: Your email id will be registered for "Go Green" and all future communications regarding your policy/ies will be sent to this email id. This may lead to discontinuance of physical statements.																																				
REASON FOR				ncial Reasons Personal Expenses																																
SURRENDER	Щ	Dissatisfied with Services Unsatisfactory Returns  OTHER REASONS, PLEASE SPECIFY																																		
POLICY HOLDER	_									CIF.	Υ			_																						
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Are you a citizen of USA (Including green card holder)  Are you a tax resident of any country other than India?  Note: • If the response to any of the above question is YES, please submit a FATCA_CRS form available on our website.  • I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect or changes.  • Incase of NRE/NRO account details please submit a FATCA_CRS form available on our website.  • Incase of NRE/NRO account details please submit a FATCA_CRS form available on our website.																																				
BANK DETAILS FO	DR I	PAY	10	UT																																
ACCOUNT HOLDER NAME	F		R	S	T	ΓΝ	. /	A M	Е					M		D	D	L	Е	Ν	Α	M	Е					L	А	S	Т	Ν	А	M	Е	
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* For NRE bank account,letter from	n Ban	ık/bar	nk s	taten	nen <sup>.</sup>	t confi	irmi	ing prei	i mium	ns an	e rece	eive	d from	the	NRE	acc	ount i	s ma	ndat	ory.									ш	_						
* In case cancelled cheque copy is															•																					
Note: AFLI will not be respon	sible	in c	ase	) of r	non	- cre	eait 	to cu	ston	ner's	acc	oui	nt for	rea	sons	OT I	incon	npiet	te/in	corr	ect	bank	acc	oun	tinto	orma	tion	prov	ıaea	ру	tne c	Just	ome	r		
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Branch with Signature							. 50				,				asfed			u	50	, , 5, 0	9															

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FOR OFFICE USE															
DATE D D M N	/ Y Y Y TIME (Tick✓)	BEFORE 3pm	AFTER 3pm												
STAMP OF BRANCH		SIGNATURE OF OFFICIAL													
DISCHARGE RECEIPT															
I/We hereby agree to accept the payout amthe form.	ount and confirm of having understood and	agree to all the conditions and i	nformation mentioned in	1											
I / We discharge the company, Ageas Feder	ral Life Insurance Co Ltd of all my / our clain	ns or demands and responsibili	ties under the above												
mentioned policy.															
Affix One Rupee															
Revenue Stamp & Sign Across															
Note: Discharge Voucher stands cancelled inca	Note: Discharge Voucher stands cancelled incase request made towards policy payment is rejected by Ageas Federal Life Insurance Co Ltd														
DECIDENTIAL DECLARATIO	N BY BOLICY HOLDER														
RESIDENTIAL DECLARATIO	N BY POLICY HOLDER														
"I am a Non Resident Resident of India															
India in respect of these amounts, I/we unde demand (including interest, penalty, charges)															
omission or commission by me or any other person, and provide Ageas Federal Life Insurance Company Ltd. with all information/documents that may be necessary for any															
proceedings before Income-tax / Appellate Au	thornes in India.														
DECLARATION															
I/M/a understand that the surrander of the pe	lieu reculte in the termination of the policy or	ed that I/Mo are required to retur	n the original policy doe	umont to	the Cor	nany	I/ \/\o o	lee							
understand and agree that the policy shall be	I/We understand that the surrender of the policy results in the termination of the policy and that I/We are required to return the original policy document to the Company. I/ We also understand and agree that the policy shall be deemed to have been duly surrendered and the company discharged of all liabilities under it upon the payment of surrender value, not														
withstanding the non production of the origina indemnify the Company against all liabilities the															
otherwise. I/We also understand that the conti								.01							
I/We understand that TDS will be applicable as per the prevailing tax laws of India and if valid PAN is not provided, TDS will be deducted as per the prevailing tax rates. AFLI, the															
company will not liable for the non benefit of cr		unication related to my nalicy/ico	on my mobile number/or	maiLID											
I hereby give my consent to Ageas Federal Life I hereby give my consent to Ageas Federal Life				naii iD.											
I hereby give consent to Ageas Federal to ver such transfer will not be considered as admiss			ount to my bank accour	t for the s	ame. I a	cknow	ledge th	nat							
	norror any or Ageas rederars obligation or ha	Dility.	PLACE			$\overline{}$	$\overline{}$	_							
Signature of the Policy   Holder/ Assignee			PLACE		++	++	$+\!\!-\!\!\!+$	$\vdash$							
(having understood and agreed to above declaration)			DATE	D D	MA	/ V	y y	V							
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BECEARATION (By Ferson min)	g the form on behalf of the policy hold	or for forms signed in verne	iculai languages or 1	Tidillo III	ipicooi	011)									
		g known the policy holder for a		f 4h		_	eclare								
that I have explained the nature of questions request for Surrender.	contained in this form to the policy holder.	i nave also explained that the a	nswers to the questions	iomi me	basis io	racce	pung un	is							
<u>'</u>															
Signature of the Person			PLACE			$\perp \perp$									
filling the form on behalf of the policy holder						$\perp \perp$	$\perp$								
(For forms signed in Vernacular Language/ Thumb Impression)			DATE	D D	N.4 N	/ V	V V	V							
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GENERAL INSTRUCTION															
Amount Payable on Surrender is as per the     All the required details in the form should be	•														
3. The cut off time for NAV application in i		its is 3:00 pm. This implies that	at if the application for	Surrende	r is rece	eived ı	up to 3:	:00							
pm on a week day except holiday, the sam	e day's unit value will be applicable. However		• • •				•								
4. In case policy is assigned then the request	needs to come from Assignee														

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   TDS will be applicable as per the prevailing tax laws of India. NRE customer, may submit Form 10 F and TRC for tax exemption, subject to it's validity.
   Request must be received from Life Assured upon auto vesting.
   For Pension Plans one third of the surrender benefit will be paid to the policy holder, while annuity needs to be purchased from an annuity provider for the balance amount.
   As per the directive received from the Government, you are advised to link your PAN and UID with the Income Tax Department to ensure PAN is active as TDS applicability is based on the same.

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