

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

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FOR OFFICE USE														
DATE	D	D	M	M	Y	Y	Y	Y	TIME (Tick✓)	<input type="checkbox"/> BEFORE 3pm	<input type="checkbox"/> AFTER 3pm			
STAMP OF BRANCH									SIGNATURE OF OFFICIAL					
DISCHARGE RECEIPT														
<p>I/We hereby agree to accept the payout amount and confirm of having understood and agree to all the conditions and information mentioned in the form.</p> <p>I / We discharge the company, Ageas Federal Life Insurance Co Ltd of all my / our claims or demands and responsibilities under the above mentioned policy.</p>														
<div>Affix One Rupee Revenue Stamp & Sign Across</div>														
Note: Discharge Voucher stands cancelled incase request made towards policy payment is rejected by Ageas Federal Life Insurance Co Ltd														
RESIDENTIAL DECLARATION BY POLICY HOLDER														
“I am a <input type="checkbox"/> Non Resident <input type="checkbox"/> Resident of India within Section 6 of the Income Tax Act, 1961. In the event there is any income tax demand (including interest, charges or levies) raised in India in respect of these amounts, I/we undertake to pay the demand forthwith and indemnify and hold Ageas Federal Life Insurance Company Ltd. harmless from any income tax demand (including interest, penalty, charges or levies) raised in India on the Ageas Federal life Insurance Company Ltd. on account of any misstatement / misrepresentation/ errors of 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 Authorities in India.”														
DECLARATION														
<p>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 original policy document to the company, for any reason. Where the policy is not submitted to the Company, the policy owner here by agrees to indemnify the Company against all liabilities that the Company may incur on account of any claim being made by any other person on the basis of possession of the policy document or otherwise. I/We also understand that the contract of insurance shall be deemed to have been duly terminated on my/our signing this application form for surrender of the policy.</p> <p>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 credit of Tax deducted at source.</p> <p>I hereby give my consent to Ageas Federal Life Insurance to contact me or send any communication related to my policy/ies on my mobile number/email ID.</p> <p>I hereby give my consent to Ageas Federal Life Insurance to send any communication related to my policy/ies on my Whats App Account.</p> <p>I hereby give consent to Ageas Federal to verify bank account details provided by me, including transferring a nominal amount to my bank account for the same. I acknowledge that such transfer will not be considered as admission of any of Ageas Federal's obligation or liability.</p>														
Signature of the Policy Holder/ Assignee <small>(having understood and agreed to above declaration)</small>									PLACE					
									DATE					
									D D M M Y Y Y Y					
DECLARATION (By Person filing the form on behalf of the policy holder for forms signed in Vernacular languages or Thumb Impression)														
I _____, having known the policy holder for a period of _____ do declare that I have explained the nature of questions contained in this form to the policy holder. I have also explained that the answers to the questions form the basis for accepting this request for Surrender.														
Signature of the Person filling the form on behalf of the policy holder <small>(For forms signed in Vernacular Language/ Thumb Impression)</small>									PLACE					
									DATE					
									D D M M Y Y Y Y					
GENERAL INSTRUCTION														
<p>1. Amount Payable on Surrender is as per the policy terms and conditions.</p> <p>2. All the required details in the form should be completely filled in.</p> <p>3. The cut off time for NAV application in respect of allocation and redemption of units is 3:00 pm. This implies that if the application for Surrender is received up to 3:00 pm on a week day except holiday, the same day's unit value will be applicable. However if the application is received after 3:00 p.m. the next declared NAV will be applied.</p> <p>4. In case policy is assigned then the request needs to come from Assignee</p> <p>5. 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.</p> <p>6. Request must be received from Life Assured upon auto vesting.</p> <p>7. 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.</p> <p>8. 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.</p>														