

PROMOTED BY



Surrender Application No:

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FULL SURRENDER FORM

ARE YOU TAKING THE RIGHT DECISION FOR YOUR FAMILY?

You have the flexibility to withdraw from your policy at any given time Post lock in Period (based on T&C, refer policy document for more details) However it is our duty to inform you of the consequences of not completing the full term.

! CONSEQUENCES OF SURRENDERING YOUR POLICY

1. You will immediately lose valuable life cover to protect your family in case of an emergency.
2. You will lose the opportunity to maximize your returns.
3. You will lose any tax benefits attached to your policy.
4. This decision once processed is irreversible.

WE KNOW YOU ARE SERIOUS ABOUT YOUR FAMILY'S FUTURE, CHOOSE FROM OUR CUSTOMIZED OPTIONS

I want better returns

☐

Get a consultation with our financial advisor for your financial planning so that you can earn more returns

My investment needs have changed

☐

Ask for a *Top-up so that your investments match your increased income.

*Applicable only for IndiaFirst Savings Plan, Education and Future Plan

I need part of the money immediately

☐

Ask for partial withdrawal* options so as to not lose out on your life cover benefits and ensure continued returns.

*ULIP's only

I can't afford to pay the next premium

☐

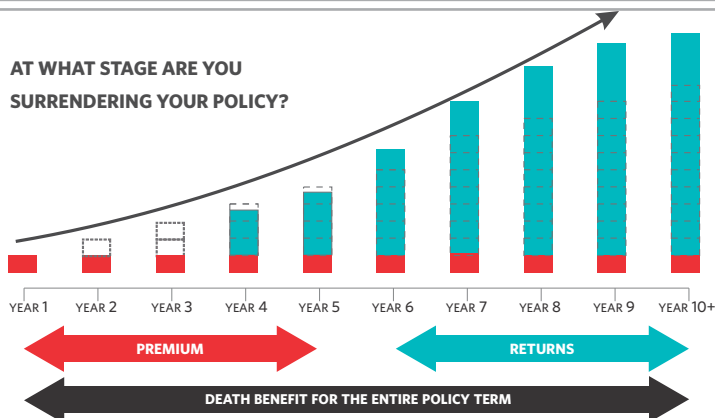
Speak with our financial advisor to buy some time.

Talk to an advisor now! Call our Tollfree no. 1800 209 8700

No, I don't want to use any of the options mentioned above. I would like a full refund of my policy.

Signature of Policy Holder

AT WHAT STAGE ARE YOU SURRENDERING YOUR POLICY?



DID YOU KNOW?

- Buying a new insurance is more expensive as you get older
- Chances of getting Insurance will reduce as you grow old

*Illustrative representation.

FOR OFFICIAL PURPOSE (to be filled by branch agent should be handed over to ...)

FORM NO.

I, hereby declare that I have explained the consequences of surrendering this policy to the policyholder.

Name & Signature of Branch Agent

Name and Signature of sales representative

IndiaFirst Life Insurance Company Ltd.,
12th and 13th Floor, North [C] Wing, Tower 4, Nesco IT Park, Nesco Center,
Western Express Highway, Goregaon (East), Mumbai - 400063,
IRDAI Regd. No. 143 | CIN: U66010MH2008PLC183679.

Tel: +91 22 6165 8700 **Fax:** +91 22 6857 0600 **Toll Free:** 1800-209-8700

E-mail: customer.first@indiafirstlife.com **Website:** www.indiafirstlife.com

DECLARATION BY POLICYHOLDER

- ☐ I understand that pay-outs against insurance policies are subject to tax deduction at source (TDS) as per 194DA of Income Tax Act, 1961, (effective from 1st September 2019) for Non-Compliant life plans, TDS @ 5% will be deducted at source on the income component where PAN is furnished. In the absence of valid PAN, tax will be deducted @ 20% on the income component. The policyholder is recommended to consult his/ her own tax consultant. (Applicable to Indian Resident)
- ☐ I understand that the pay-outs against insurance policies are subject to TDS@31.20% for Future Plan and Non-Compliant* Life Plans u/s 195 of Income Tax Act based on the information provided in NRI declaration Form (Applicable for NRI)
- ☐ I authorize IndiaFirst Life Insurance to contact me which overrides NDNC Registration, if any

Instructions:

- Amount payable on Full Surrender withdrawal is as per the policy terms and conditions.
- In case your policy has been assigned, the partial withdrawal/surrender request would be accepted if the consent from the assignee of the policy is received.
- If an application of full surrender is received in case of Unit Linked product up to 3:00 pm IST on a weekday (Mon-Fri), the same day's unit value will be applicable. However, if received after 3:00 pm IST on weekday, the next working day's unit value will be applicable (when the applicable day is not a valuation day, NAV of next immediate valuation day will be considered). Requests received after Friday 3 pm to Sunday will be allocated the NAV of the following Monday/following Working day.
- Release of your withdrawal pay-out will be subject to realization of the last renewal premium payment made.



MAKE SURE YOU HAVE READ ALL THE DETAILS CAREFULLY BEFORE SIGNING.

I, _____ confirm that this decision is in the best interest of my family.

X _____

Signature of Policy Holder

X _____

Name, Signature (Rubber Stamp for Corporate/Firm)
of Assignee for assigned policy

POLICY DETAILS

Policy No: _____ Nationality: Indian ☐ NRI ☐ Date: _____

Policyholder Name: Miss/Mrs/Mr _____

Address: _____

Mobile No: _____ Resident No: _____ Office No: _____

*Policy owner verification mandatory

MANDATORY DOCUMENTS:

1. Full Surrender Form 2. Cancelled Cheque Copy/Bank Statement (name and account no Printed) 3. PAN Card Copy 4. NRI Declaration (for NRI) 5. Address Proof - All documents needs to Self-Attested of Policyholder is mandatory

I wish to surrender the policy mentioned above in full. I understand that the Surrender/Full Surrender of the units results in termination of the contract. Please process my request and credit the proceeds to my bank account mentioned below:

BANK ACCOUNT DETAILS

Name of Account Holder: _____ IFSC Code: _____

Account Number: _____ MIRC Code: _____

Bank Name: _____ Branch Name: _____

VERNACULAR DECLARATION (to be filled if the policyholder is illiterate/signed in a Vernacular language) :

I do hereby state that I have read out and explained the contents of the form to the policyholder in _____ language and he/she have understood the same. I declare that whatever I have stated herein above is true and correct to the best of my knowledge and belief. The policyholder has signed/affixed the thumb impression after fully understanding the contents thereof.

Name of the Declarant : _____ Signature: X _____ Relation with the Policyholder _____

Address of the Declarant : _____ Contact No.: _____

I hereby certify that the contents of the form have been clearly explained to me and I have fully understood them. I further certify that the answers recorded in the form are as per the information provided by me.

X _____
Signature/Thumb impression

FOR OFFICIAL PURPOSE

X _____

Name & Signature of Branch Official

Branch Code/Location Request

D D M M Y Y Y Y

Date

Request Time

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