

DPLI Branch Stamp/ Date &amp; Time:

CTA Interaction#

**POLICY PAYOUT REQUEST FORM****Policy Number****Date****Name of the Policy Owner**

Mobile no.:

Email ID: \_\_\_\_\_

**Request Submitted at:**

DPLI Branch

☐

DPLI HO

☐

Channel Partner

☐**Policy Owner mailing address:***Note: In case of any change in communication address, a valid address proof of the current communication address is mandatory.***I Would like to apply for, Please Tick (✓) which ever applicable**☐**Partial Withdrawal:** Partially withdraw (in Rs.) \_\_\_\_\_ or (in %) \_\_\_\_\_ from the Unit Account of my policy.*\*In case the value mentioned is greater than the maximum eligible partial withdrawal value; the maximum eligible value will be paid.**\*\* Partial Withdrawal Value / Percentage mentioned above will be proportionately deducted from the funds selected by the policy holder.*☐**Surrender:** Surrender of my policy by withdrawing all the units/ full cash value of my policy.**Payment Remittance Option:**☐**NEFT/ Direct Credit**☐**Cheque/ DD**

Please find below details of my Bank Account, for NEFT/ Direct Credit:

**Bank A/C Number**

Bank Name &amp; Branch: \_\_\_\_\_

**(Original Cancelled cheque leaf enclosed/ If cheque is not personalised please provide copy of latest bank statement/passbook)****IFSC Code\*:***(\* IFSC is 11 character code appearing on your cheque leaf, If you do not find this on your cheque leaf then please consult your bank)*

Signature of Policy Owner\*

Signature of Assignee (only in case of Assignment)

**Place:** \_\_\_\_\_**Place:** \_\_\_\_\_**Date:****Date:***\*Policy Owner signature is not required in case of Absolute Assignment*

**(In case the Life Insured/ Proposer is illiterate or signing in vernacular)**

(Note: Also applicable, in case of any reason, this application has not been filled by the life Insured/Proposer. The below must be witnessed by someone other than the sales personnel of the company).

I/we verify that the product applied for by me/us and the contents of the application form have been clearly explained to me/us and I/we have fully understood them. I/we further clarify that the replies in the application form have been recorded as per the information provided by me/us.

I, \_\_\_\_\_ (full name of witness) \_\_\_\_\_ (relation with the proposer) adult and inhabitant of \_\_\_\_\_ (city), do here by state that I have read out and explained the contents of the application form and all other documents incidental to availing the Insurance policy from DLF Pramerica Life Insurance Company Limited to the Proposer and he/she/they have understood the same and do hereby agree to abide by all the terms and conditions of the policy and the clauses of the same. I declare that whatever I have stated herein above is true and correct to the best of my knowledge and belief.

Signature/Thumb impression of  
the Life to be Insured/Proposer

Signature of Declarant

Date   
तारीख

Place \_\_\_\_\_  
स्थान

**For DPLI Branch Use Only (All fields are mandatory)**

- ☐ Original Policy Document submitted for Policy Surrender Request
- ☐ Customer Signature Verification is done as per the records available in system
- ☐ A valid address proof of the current communication address is submitted, In case of change in customer communication address
- ☐ Original Cancelled Cheque leaf (with pre-printed a/c holder name, account no. & IFSC code) is submitted for NEFT Payouts.

I hereby confirm having read and understood all the policy terms and conditions including those applicable to this request. I understand and accept that my request shall be processed in accordance with the terms and conditions of the policy.

**Please note:**

1. The Original Policy Document is to be attached for Surrender request.
2. Net payout amount will be dispatched / Transferred to Policy Holder's account post successful closure of transaction
3. The necessary tenure, as applicable for individual products should have elapsed from the policy issue date (For Surrender/ Partial Withdrawal Request).
4. Minimum and maximum amount permissible for Partial Withdrawal is as per Product Terms and Conditions.
5. If the requested partial withdrawal value is greater than the maximum eligible partial withdrawal value; **the maximum eligible value will be paid.**
6. The unit prices on the corresponding valuation date falling immediately on or after the date of receipt of this request at DLF Pramerica Life Insurance designated office will be used:
  - a. If request is received before 15:00 hrs on a business/working day, the corresponding valuation date is the same business/working day.
  - b. If request is received after 15:00 hrs on a business/working day, the corresponding valuation date is the next business/working day.
7. The surrender value shall be arrived after deduction of Surrender Charge(s), as applicable in accordance with policy terms & condition.
8. On payment of Surrender value/ benefit, this contract and all the obligations under this contract shall end.
9. DLF Pramerica Life Insurance will not be responsible in case of non-credit to customer's account or if transaction is delayed or not effected at all for reasons of incomplete/ incorrect information of customers account provided. In case the requisite information for direct credit is not received or transaction rejected by bank the payout will be made vide cheque.
10. The Policy holder must counter sign any cancellation/ alteration.

**Corporate Office**

DLF Pramerica Life Insurance Company Ltd., 4th Floor,  
Building No. 9, Tower B, DLF City, Phase 3, Gurgaon - 122002  
Tel.: + 91-124-4697000

**Registered Office**

DLF Centre, Sansad Marg, New Delhi - 110001