



PSF000101

POLICY SURRENDER FORM

Version 2.0

FOR OFFICE USE ONLY

Received by _____

Signature _____

Date and Time of Receipt _____

Received
Stamp

Policy No.:

OR

Application No.:

SURRENDER OF POLICY

I, _____ would like to surrender the above-mentioned Policy due to the following reason - _____

I hereby request you to please refund the surrender value as applicable. I am also enclosing the Policy Document along with this form. I understand that in accordance with the Guidelines of IRDA, for Unit Linked Products, if my surrender request is submitted before 3:00 PM on a business day at the Insurance Company's Office, the request would be processed as per the closing NAV of the same day and if the surrender request is submitted after 3:00 PM on a business day request would be processed as per the closing NAV of the next business day. As mentioned in the Terms & Conditions of the Policy Document, the surrender value shall be arrived at after deducting appropriate surrender charges from my fund value.

Note:

- Policy will acquire a Surrender Value as per the product specification. If surrender request is received within the lock-in period then the surrender value is paid at the end of the lock-in period
- In case of Insure Smart Plan, 'Guaranteed NAV' shall not apply for calculating the surrender value

I fully understand the meaning and scope of this Policy Servicing request and I am submitting the completed form of my own volition.

Name of Policy Holder/Assignee _____ **Date** / /

Signature/Thumb Impression of Policy Holder

Signature/Thumb Impression of Assignee
(Required in Case of Absolute Assignment of Policy)

Declaration, if this Form is signed in Vernacular/Thumb Impression above

I _____ Son/Daughter of _____, am an adult and residing at _____ do hereby declare on solemn affirmation as under: I have read out and fully explained the contents of the form and all other documents in _____ language incidental to make the necessary changes in the Policy to Mr./ Mrs./ Ms. _____ and he/she has understood the significance of the change. I have truthfully and correctly recorded the replies given by the Policy Holder /Assignee and that the Policy Holder /Assignee has affixed the signature/thumb impression above after fully understanding the contents thereof.

Solemnly affirmed at _____

On this / /

Declarant Signature

Note: Processing of the requests will be initiated on receipt of this form at any of our Company's Office. Upon receipt of this form at our Company's Office, the acknowledgement slip will be sent to you. Please retain the acknowledgement slip for future reference.

ACKNOWLEDGEMENT

Policy No. /Application No.

Type of Request _____

Received by _____ Date and Time of Receipt _____

Signature _____

Received
Stamp

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ACKNOWLEDGEMENT

Dear Customer,

We have received your request and you will hear from us within 10 days. The change in the request will be effective on receipt of this form at any of our Company's Office, subject to completion of all required documents. For any queries please contact us at:

☎ Toll free at **1800-103-0003** / **1800-180-0003** (BSNL/MTNL users)

☎ SMS at **9779030003**

✉ E-mail us at customerservice@canarahsbclife.in

🌐 Visit us at our website www.canarahsbclife.com

In case you are not satisfied with the service provided, you may provide your feedback to our Complaint Redressal Unit at cru@canarahsbclife.in