

REQUIRED DOCUMENTS FOR SURRENDER OF LIC POLICY

- | | |
|---|--|
| > | Common Application Form |
| > | NEFT Form |
| > | Original Policy |
| > | Copy of PAN Card - Self Attested |
| > | One Original Cancelled Cheque with Name Printed on Cheque OR 1st Page of Passbook |
| > | Signs near (X) marks on Revenue Stamp on Surrender Application Forms & NEFT Forms – Total 4 Signs |

**LIC****भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA****WESTERN ZONE * VADODARA D. O. _____ BRANCH.
FORM OF RECEIPT FOR THE SURRENDER VALUE OF
POLICY NO. _____**

On the life of _____

for Rs. _____ dated _____

I/We hereby declare that I/We have not served on any Office of the Life Insurance Corporation of India any notice of assignment or reassignment in respect of the above POLICY / POLICIES except those, if any, already registered by the Life Insurance Corporation of India or the insurer who issued the above POLICY/POLICIES nor shall I/We serve on any office of the said Corporation, any notice of assignment or reassignment before payment of the Loan Value/Surrender Value.

I/We _____
do hereby acknowledge receipt from LIFE INSURANCE CORPORATION OF INDIA, of the sum of Rupees* _____

being the Surrender Value including Cash value of Bonus of the above mentioned Policy which is herewith delivered up to the said Corporation to be cancelled. In witness whereof these presents are subscribed

by me/us at _____
(Name of Place)the _____ day of _____ 202
(Date) (Month)

SURRENDER VALUE+(Inclusive of Cash Value of Bonus) Rs. _____

Less:

IN ORDER HGA/AAO/AO/S/BM	Loan	Rs. _____	
	Interest	Rs. _____	
	APL Debt	Rs. _____	
	Other Charges (to be specified)	Rs. _____	Rs. _____
			Rs. _____

Certified that contents of the above form were explained by me to the Assured _____ in vernacular and that he affixed his signature/thumb impression thereto in my presence after thoroughly understanding the same.

ENGLISH KNOWING WITNESSSignature : _____
Full Name : _____
Occupation : _____
Address : _____Rupree one
Revenue
Stamp to be
affixed if the
amount exceeds
Rs.5000

(Signature)

*** Gross amount of Surrender Value** **Delete where inapplicable.****NOTE:** Illiterate persons must affix their thumb marks which should be identified by the attesting Magistrate under the seal of his office or by a justice of Peace or a Block Development Officer or a Gazetted Officer or a Principal/Headmaster of Local High School or Higher Secondary School run by the Government or an Agent of a Nationalised Bank or a class I Officer of the Corporation or a Development Officer of the Corporation with at least five year's service provided he/she is fully satisfied about the identity of the

"The contents of this discharge form have been explained to _____
_____ and he / she / they has / have signed the same / put thumb
impression after fully understanding the same".

SEAL OF
OFFICE
IN ANY

Signature of the witness

"If the within written receipt is signed by more than one person and payment is desired to be made to only one of them then the following Note of Authority must be completed and signed by all of them before a Magistrate or a Justice of Peace or a Gazetted Officer or a Block Development Officer or Principal / Headmaster of Local High School or Higher Secondary School run by the Government or an Agent of a Nationalised Bank or Class I Officer of the Corporation or a Development Officer of the Corporation with at least five year's service provided he / she is fully satisfied about the identity of the executants. The Letter of Authority will also be required if payment is to be made to any person other than the signatories of the receipt.

I/We hereby authorise and request Life Insurance Corporation of India, to pay the above mentioned amount of Rs. _____ to

(Name of the authorised person)

Signed by the party or parties

within-mentioned in the presence of :

Signatures in full

Magistrate or J. P. etc.

* I hereby certify that the contents of this Note of Authority were explained by me in vernacular to _____

he/she/has and they have agreed to payment being made to _____
_____ to the party or parties authorised.

Magistrate or J. P. etc.

* this letter of Authority must be signed before a magistrate or Justice of Peace or a Gazetted Officer or a Block Development Officer or a Principal/Head master of Local High School or Higher Secondary School run by the Govt. or an agent of A Nationalised Bank or a Class I Officer of The Corporation or a Development Officer of the Corporation with at least five year's service provided he/she is fully satisfied about the identity of the executants.

* this endorsement is required to be completed and signed by the attesting Magistrate or justice of Peace or Block Development Officer or a Gazetted or a Pñincipal Headmaster of Local High School/ Higher Secondary School run by the Government or an Agent of a Nationalised Bank or a Class I Officer of the Corporation or a Development Officer of the Corporation with at least five year's service when the Note of Authority is executed by an illiterate or vernacular knowing persons (s).



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Tax Residency Status Addendum
Addendum

Declaration of Tax-Residency for FATCA/CRS Reporting
(Section 285BA of the Income tax Act, 1961 relating to FATCA/CRS Reporting)

Is your country of tax residency outside India ? YES / NO

(If yes, mandatorily fill the Self Certification Form for Individuals)

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein within 30 days of such changes. In case any of the above information is found to be false or untrue or misleading misrepresenting, I am aware that I may be held liable for it'

(Signature of Policyholder/ Assignee)

The above declaration should be obtained at the time of Assignment/Surrender/ and other servicing matters as per instructions issued from time to time)

Item Code : 2-3154 / FATCA-PS

FATCA/CRS Reporting
100X300Pads/05-2025/HEM

Retention of Insurance Cover

Questionnaire to be submitted by the Policyholder with Surrender Application/Discharge Form.

Policy No. _____ Name of Policyholder _____

Question No.	Question	Options
1	Reasons for Surrender of the LIC Policy?	1. Urgent Financial need 2. Not satisfied with terms and conditions of the plan 3. Not satisfied with service 4. Any other reason
2	Are you aware that Surrender of policy shall result into loss of Life Cover?	Yes/No
3	Are you aware that Surrender of policy may be financially disadvantageous?	Yes/No
4	Are you aware of the approximate Surrender Value for your policy	Rs. _____ /-  Signature of Policyholder

I hereby declare that I have understood the various aspects of Surrender of my policy and I am signing the discharge form after understanding the same .

Signature of the Policyholder:  _____

Name of the Policyholder : _____

Address _____

Mobile/Contact number :

E-mail ID :-



Annexure II

EXIT INTERVIEW

Date :-

Certificate of Exit Interview conducted at Branch Office/Divisional Office

Policy No. _____ Name of Policyholder _____

Date of Request for Surrender : _____

Question No.	Question	Exit Interview undertaken by Branch Official	
1	Reasons for Surrender of the policy	1. Urgent Financial need	
		2. Not satisfied with terms and conditions of the plan	
		3. Not satisfied with service	
		4. Any other reason	
2	Is the Policyholder aware that surrender of LIC policy may incur a loss of life cover?	Yes/No	
3	Is the Policyholder aware that surrender of LIC policy may be financially disadvantageous?	Yes/No	
4	Is the Policyholder aware of the approximate Surrender Value?	Yes/No SV Amount Rs _____ /-	

I hereby declare that I have conducted the Exit interview (personally/over the Telephone) at _____
_____ (place) on _____ (date), at _____ hrs.

Signature of the official who conducted the Exit Interview : _____

Name of the Official who conducted the Exit Interview : _____

SR. Number : _____ Cadre _____

Branch/Divisional Office : _____

मैंने इस संबंध में निम्नलिखित दस्तावेज संलग्न किया है। (कृपया उपयुक्त मद पर ✓ करें।)

I have enclosed the following document to this effect (Please ✓ appropriate item)

(अ) रद्द चेक का पन्ना जिस पर खाताधारक का नाम और खातासंख्या छपी हुई हो। (अथवा)

(A) Cancelled cheque leaf with name and account number printed (or)

(ब) अगर चेक पर खाता धारक का नाम और खाता संख्या नहीं है तो पासबुक के उस पन्ने की फोटो कॉपी जिसमें खाता सं. एवं खाताधारक का पूर्ण विवरण हो।

(B) Cancelled cheque leaf along with photocopy of the page of bank pass book containing the details of the cheque leaf.

(क) पान कार्ड की फोटोकॉपी/फोर्म 60 की फोटोकॉपी

(C) Photocopy of PAN Card/Photocopy of Form 60

दिनांक :

Date : _____

(X)

बीमा धारक के हस्ताक्षर

Signature of the policy holder

*(बैंक विवरण में परिवर्तन के मामले में, कृपया इस आदेश पत्र को नए सिरे से भरकर शाखा कार्यालय में प्रस्तुत करें।)

यदि आप का उत्तर प्रश्न सं.9 में हाँ है तो एल.आई.सी. आपको रकम के अंतरण की जानकारी का संदेश भेजने में सक्षम होगी। यह संदेश अद्वितीय लेन देन संदर्भ सं.(UTR) के साथ होगा, जो भुगतान की पूछ-ताछ के लिए आवश्यक है।

(In case of change in Bank details, please fill this MANDATE form again and submit the same to Our Branch Office)

*If your answer to Q no 9 is 'Yes', then we will be able to send you a message when LIC transfers money to your Account through NEFT. This message will contain the UTR (Unique Transaction Reference) number which can be used to make any enquiry regarding the payment.