



Inward No.....

Issued on by

कोलकाता महानगर मण्डल कार्यालय - I
KOLKATA METROPOLITAN DIVISIONAL OFFICE - I

FORM OF RECEIPT FOR THE SURRENDER VALUE OF POLICY NO.....

On the life of..... for Rupees..... Dated.....
I / We do hereby acknowledge receipt from LIFE INSURANCE CORPORATION OF INDIA of the sum
of Rs. 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 (place) on.....dayof 20.....

Surrender Value (Inclusive of Cash Value of Bonus) Rs.
Less: Loan & Int. of Loan Rs.
Other Ded. if any Rs.
Net Payable Rs.

FN 3510 : I / We hereby declare that I / we have not served on any office of the LIC Of India any notice of assignment or reassignment in respect of the above
policy except those if any, already registered in LIC Of India, or the insurer, who assured the above policy nor shall I / We serve on any office of the said
corporation any notice of assignment or reassignment before payment of the Loan / Surrender.

Policyholder NEFT Details	
Acct. No.:	IFSC Code.....
Bank Name & Address :	
Bank Account Holder Name :	
Application for SV : I request you to process my Surrender Value Application of the above policy.	

TRS ADDENDUM : Declaration of Tax Resi.
FATCA / CRS Reporting - Sec 285 BA of
IT Act 1961 is your country of Tax Residency
outside India ? Y / N
If Y, fill Self Certification Form for Individuals

Witness Signature :
Name & Address :
Mob.:
Policyholder Name : Address:

Sign. of
Pol. Holder
On Rs. 1
Rev. Stamp

VERNACULAR DECLARATION

(Regional Language or Affix L.T.I.)

The contents of this form have been explained in vernacular language to the payee who has put signature / L.T.I. in my presence
after fully understanding the same.

Vernacular Signature attested by

Signature of Witness

L.T.I. Attested by

Signature of the Attesting Officer
(Designation with Office seal)

Date.....20.....

**** Note :** Illiterate person 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 a principal/Headmaster of a Local High School or
Higher Secondary school run by the Government or a Class-I Officer of the Corporation or a Development Officer of the Corporation
with atleast five years service provided he/she is fully satisfied about the identity of the person(s) executing the Form Signature in
Regional Languages must be attested by respectable English Knowing Person. The witness attesting such signature or thumb
marks should sign the above declaration.

Retention of Life Cover : Questionnaire to be submitted with Surrender Application / Discharge Form - Non Ulip (Ann. I)	Exit Interview : Certificate of Exit Interview conducted at BO / DO (Ann. II)
Policy No.	Policy No. Date of SV Request
Name of LA	Name of Life Assured :
1. Reasons for Surrender of the LIC Policy (1) Urgent Financial Need (2) Not Satisfied with T&C of the Plan (3) Not Satisfied with Service (4) Any other reason	1. Reasons for Surrender of the LIC Policy (1) Urgent Financial Need (2) Not Satisfied with T&C of the Plan (3) Not Satisfied with Service (4) Any other reason
2. Are you aware that Surrender of LIC Policy shall result into Loss of Life Cover ? 1. Yes 2. No	2. Is the Policyholder aware that Surrender of LIC Policy may incur a Loss of Life Cover ? 1. Yes 2. No
3. Are you aware that Surrender of Policy may be financially Disadvantageous ? 1. Yes 2. No	3. Is the Policyholder aware that Surrender of LIC Policy may be financially Disadvantageous ? 1. Yes 2. No
4. Are you aware of the approximate SV for your	4. Is the Policyholder aware of the approximate SV ? 1. Yes 2. No
Rs. Signature of Policyholder	SV Amt. Rs. I hereby declare that I have conducted the Exit interview Personally / Over Telephone
I hereby declare that I have understood the various aspects of Surrender of my Policy and am signing the discharge form after understanding the same.	Place : Date : ____ / ____ / 20____ Time : ____ Hrs.
Signature of Policyholder	Signature of Official who conducted the Exit Interview :
	Name SR No. Cadres
	Branch / Divisional Office :

Attach : 1) Original Policy Document (2) Cancelled Chq Leaf (3) KYC & PAN CARD Copy ★ Policyholder Signature ★ Place Witness Signature ★ Place
WE DO NOT ENCOURAGE SURRENDERS SINCE IT INCURS LOSS OF VALUABLE LIFE COVER & IS DISADVANTAGEOUS TO THE
POLICYHOLDERS SV APPL / DV FORM 5074 / 3510 / NEFT / FATCA-CRS / ANN 1 Q: ANN 2 - EXIT