



ಭಾರತೀಯ ಜೀವ ವಿಮಾ ನಿಗಮ  
भारतीय जीवन बीमा निगम  
LIFE INSURANCE CORPORATION OF INDIA

ಶ್ಯ. ಮೆ. ಅರ್ಜಿ  
S.V.APPLICATION

ಬೆಂಗಳೂರು ಮಂಡಲ - II / ಬೆಂಗಳೂರು ವಿಭಾಗ - II / Bangalore Division - II

अभ्यर्पण मूल्य के लिए आवेदन श्याग मॉल्युक्कागि (सरेंडर) मसमि  
**APPLICATION FOR SURRENDER VALUE**

शाखा कार्यालय / ಶಾಖೆ ವಿಳಾಸ / Branch Address :

.....  
.....  
.....

दिनांक / ದಿನಾಂಕ / Date : .....

स्थान / ಸ್ಥಳ / Place : .....

पालिसी संख्या / ಪಾಲಿಸಿ ನಂ. / Policy No. ....

नाम / ವಿಮಾ ರಕ್ಷಿತರ ಹೆಸರು

Name of Life Assured

पता / ವಿಳಾಸ

Address

पी.ए. का नाम व पता /

ವೇತನ ನೀಡುವ ಅಧಿಕಾರಿಯ ಹೆಸರು ಮತ್ತು ವಿಳಾಸ

Name and Address of the Paying Authority

पदनाम / ಹುದ್ದೆ / Designation

वर्तमान बिल्ला सं. व विभाग सं./ಈಗಿನ ಬ್ಯಾಡ್ಜ್ ನಂ. ಮತ್ತು ವಿಭಾಗ ಸಂ.

Present Badge No. & Dept. No.

अंतिम प्रीमियम भुगतान/कटीती/ ಕೊನೆಯ ಪ್ರೀಮಿಯಂ ಕಂತು ನೀಡಿಕೆ / ವಸೂಲಿ

Last Premium Paid / Recovered

पूर्व कार्य स्थान / ಹಿಂದೆ ಕೆಲಸ ಮಾಡುತ್ತಿದ್ದ ಸ್ಥಳ

Previous Place of Working

पूर्व कार्यालय में पदनाम, बिल्ला सं. तथा विभाग सं./

ಹಿಂದೆ ಮಾಲೀಕರ ಬಳಿಯಿದ್ದಾಗಿನ ಹುದ್ದೆ, ಬ್ಯಾಡ್ಜ್ ನಂ. ಮತ್ತು ವಿಭಾಗ ಸಂಖ್ಯೆ

Designation, Badge No. and Dept. No.

with previous Employer

क्या पालिसी में ऋण लिया गया है? / ಪಾಲಿಸಿಯ ಮೇಲೆ ಸಾಲ ಇದೆಯೇ?

Is the Policy under Loan?

**BANK A/C DETAILS :**

Name of the Bank : ..... Branch .....

A/c No. : ..... Whether NEFT Form submitted : .....

1) मैं उपर्युक्त पालिसी को अभ्यर्पित करना चाहता हूँ। मैं प्रमाणित करता हूँ कि ऊपर दी गई सूचना सत्य एवं सही है।  
ಮೇಲ್ಕಂಡ ಪಾಲಿಸಿಯನ್ನು ರದ್ದುಗೊಳಿಸಲು ಇಚ್ಛಿಸುತ್ತೇನೆ. ಇದರಲ್ಲಿ ಸೂಚಿಸಿರುವ ವಿಷಯಗಳು ನಿಖರವಾದವು ಎಂದು ದೃಢೀಕರಿಸುತ್ತೇನೆ.  
I desire to surrender the above policy. I certify that the information given above is true and correct.

2) अभ्यर्पण के कारण / श्यागमॉल्युद कारणगंनु त्तिಳಿಸಿ / Give Reasons for Surrender :

बीमाकर्ता का हस्ताक्षर / (ವಿಮಾಧಾರರ ಸಹಿ)  
(Signature of the Life Assured)

ಇಲ್ಲಿ ಕತ್ತರಿಸಿ / Cut Here



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LIFE INSURANCE CORPORATION OF INDIA

ಬೆಂಗಳೂರು ಮಂಡಲ - II / ಬೆಂಗಳೂರು ವಿಭಾಗ - II / Bangalore Division-II

शाखा कार्यालय / ಶಾಖಾ ಕಛೇರಿ / Branch Address .....

पालिसी संख्या/  
ಪಾಲಿಸಿ ನಂ.

Policy No. ....

अर्जी सं/ ಅರ್ಜಿಯ ನಂ.

Application No. ....

प्राप्ति की तारीख /

ಸ್ವೀಕರಿಸಿದ ದಿನಾಂಕ : .....

Date of Receipt

ಸ್ವೀಕೃತ : 1. श्याग मॉल्युक्कागि (सरेंडर) अर्जि / अभ्यर्पण आवेदन  
2. ಪಾಲಿಸಿ ಬಾಂಡು ಪಾಲಿಸಿ ದಸ್ತಾವೇಜ

1. Surrender Application  
2. Policy Bond

ಕಿರುಸಹಿ / Initials



लिविंग फॉर एल एल एल  
 लिविंग फॉर एल एल एल  
 LIC National Corporation of India  
 BANGALORE DIVISION #

Re - Policy No. \_\_\_\_\_

I/We hereby declare that I/We have not served on any office of the Life Insurance Corporation of India notice of assignment or re-assignment in respect of the above policy except those, if any, already registered by the Life Insurance Corporation of India, or the Insurer who issued the above Policy nor shall I/We serve on any office of the said Corporation, any notice of assignment or re-assignment before payment of the Surrender Value.

Signature of Assured \_\_\_\_\_

Signature of Assignee (S) \_\_\_\_\_

Name of assured \_\_\_\_\_  
 (IN BLOCK LETTERS)

Address \_\_\_\_\_

**RECEIPT FOR THE SURRENDER VALUE OF POLICY**

Policy No. \_\_\_\_\_

On the life of \_\_\_\_\_

for Rs. \_\_\_\_\_ dated \_\_\_\_\_

I/We \_\_\_\_\_

do hereby acknowledge receipt from Life Insurance Corporation of India, the Sum of Rupees \* \_\_\_\_\_

\_\_\_\_\_ being the surrender value including cash value of Bonus of the above mentioned policy, which is herewith delivered upto the said Corporation to be cancelled. In witness whereof these presents are subscribed by-me/us at \_\_\_\_\_

\_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_ 20  
 (Name of Place) (Date) (Month)

**Surrender Value \*\* (Inclusive of Cash Value of Bonus)**

**Less :**

Loan ..... Rs.

Interest on loan upto ..... Rs.

Premium due from .....to..... Rs.

Interest on overdue premium ..... Rs.

Other Charges (to be specified)..... Rs. Rs. ....

**NET PAYABLE Rs. ....**

**English Knowing Witness :**

Signature : .....

Full Name : .....

Occupation : .....

Address : .....

.....

.....

Rs. 1/-  
 Revenue  
 stamp to be  
 affixed if  
 GROSS  
 Surrender  
 Value exceeds  
 Rs. 500/-

\*Gross amount of Surrender Value \*\* Delete where inapplicable.

Signature

NOTE : Illiterate persons must affix their thumb marks which should be identified by the attesting Magistrate under the seal of his office or a Block Development Officer or a Gazetted Officer or a Principal / Head Master 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 5 years service provided he/she is fully satisfied about the identity of the person/s executing form. Signatures in regional languages must be attested by respectable English knowing persons. The witness attesting such signatures or thumb marks should sign the declaration below.

"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 (IF 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 following Note of Authority must be completed and signed by all of them before a Magistrate or a Justice of the Peace or a Gazetted Officer or a Block Development 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 atleast 5 years 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 a Bank.

I/We hereby authorise and request LIFE INSURANCE CORPORATION OF INDIA, to pay the above mentioned amount of Rs. ....to .....  
(Name of the authorised Bank/Person)

Signature by the party or parties  
within - mentioned in the presence of :

\_\_\_\_\_  
*(Signature in full)*

\_\_\_\_\_  
*Signature of Magistrate or J.P. etc.  
with Seal of the Office*

"I hereby certify that the contents of this Note of Authority were explained by me in vernacular to .....and he/she/they has /they have agreed to payment being made to .....the party or parties authorised.

*Magistrate or J.P. etc. with  
Seal of the Office*

*\*This Letter of Authority must be signed before a Magistrate or Justice of the Peace or a Gazetted Officer or a Block Development Officer or a Gazetted Officer or a Principal/Headmaster of Local High School /Higher Secondary School run by the Government or an Agent of a Nationalised Bank or a Class 1 Officer of the Corporation or a Development Officer of the Corporation with atleast 5 years service when the Note of Authority is executed by an illiterate or Vernacular knowing person/s*



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### Annexure-I

Retention of Insurance Cover.

Date :

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 undertake 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 Policy holder aware that Surrender of LIC Policy may incur a loss of Life cover ?	Yes/No	
3.	Is the Policy holder 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 Telephone) at

\_\_\_\_\_ (Place) on \_\_\_\_\_ (date), at \_\_\_\_\_ hrs.

Signature of the the official who conducted the Exit Interview : \_\_\_\_\_

Name of the Official who conducted the Exit Interview : \_\_\_\_\_

S.R. Number \_\_\_\_\_ Cadre \_\_\_\_\_

Branch/Divisional Office : \_\_\_\_\_