

SURRENDER REQUEST FORM

1. Policy Number _____
2. Name of Policy Holder _____
3. Is the Policy Assigned Yes / No
4. Name of Assignee (if (2)above is Yes) _____
5. Number of years Premium Paid _____
6. Reason for Surrender _____
7. Surrender Request Date ____DD____MM____YYYY

Enclosure : Policy Bond

Signature of Policy Holder

Name _____

Date :__DD__MM__YYYY

Contact No _____

Signature of Assignee

Name _____

Date :__DD__MM__YYYY

Contact No _____

BAJAJ ALLIANZ LIFE INSURANCE COMPANY LT
GE Plaza, Airport Road Yerawada, Pune 411006



Electronic Payment:

This mandate is a standing instruction to Bajaj Allianz Life Insurance Co Ltd, to transfer the amount to be paid to the policy holder electronically into his bank account.

Electronic Payment Fund Transfer will be applicable to Surrenders, Partial Withdrawal, Cancellation of Proposal, Annuity, Loans Survival Benefits and Maturity.

Electronic Payout Methods:

Please Tick one of the Options:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

National Electronic Fund Transfer (NEFT)

Electronic Clearing System (ECS)

Direct credit (Select Banks)

Note: Cancelled copy of Cheque/ Bank Statement/ Bank Passbook Copy not more than 6 months old as on date to be submitted along with Electronic Payout Request.

Account Holder Name: _____

Bank Name: _____

Branch Name: _____

Bank Account Number: _____

Type Of Account:

☐

Savings

☐

Current

MICR Code

IFSC Code:

The payout mode selected in the Form will be used by company to generate any payouts to the policy holder (Claimant). Payouts would be done in accordance and subject to terms and conditions of the policy

Signature of Policy Holder

Signature of Bank Account Holder

Banks Verification

Stamp & seal of Bank for Verifying Customers Bank Account Number

PFO05

Branch Address & Contact Numbers