

PARTIAL WITHDRAWAL/SYSTEMATIC WITHDRAWAL/CANCELLATION FORM

Name of the Policy holder	:	_____
Policy No.	:	_____
Contact Number	:	_____
E-mail Address	:	_____

Please Process Freelook Surrender Partial withdrawal Systematic withdrawal the above mentioned Policy.
 I am aware of the applicable Cancellation charges as per the standard terms and conditions mentioned in the policy document I have received.
 Please cancel my Policy as :
 (specify the reasons) : _____

I would like to avail a Partial Withdrawal Amount. Applicable for ULIP. (Tick the relevant box)	<input type="checkbox"/> Minimum partial withdrawal amount applicable as per terms & conditions. <input type="checkbox"/> Maximum partial withdrawal available for the policy (% of the fund value at the beginning of that policy year as per terms & conditions.) <input type="checkbox"/> Other Amount: <input type="text" value="ENTER THE AMOUNT"/>
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I would like to avail a Systematic Partial Withdrawal Amount. Applicable for ULIP. (Tick the relevant box)	<input type="checkbox"/> Minimum systematic partial withdrawal amount applicable as per terms & conditions. (subject to min. of Rs.2000) <input type="checkbox"/> Maximum systematic partial withdrawal available for the policy (% of the fund value at the beginning of that policy year as per terms & conditions.) <input type="checkbox"/> Other Amount: <input type="text" value="ENTER THE AMOUNT"/> Frequency for withdrawal: _____
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- Note:**
- * In case the Partial / Systematic Partial Withdrawal amount availed by you (option:Amount) is not eligible for processing then the maximum eligible Partial / Systematic Partial Withdrawal amount (if any) for the said policy would be paid to you.
 - * In case wherein the policy is assigned, if the Partial / Systematic Partial Withdrawal amount is to be paid to assignor then consent of assignee is mandatory to be submitted along with this endorsement form.

<input type="checkbox"/> Cheque	Kindly send the cheque at my _____ registered mailing address OR _____ branch.
<input type="checkbox"/> NEFT	1. Bank: _____ 2. Branch Address: _____ 3. Account Type: Savings/ Current/ Cash Credit/ NRI 4. Account No.: _____ 5. IFSC Code: _____ 6. MICR Code: _____

NRI / NRO Bank Details

Do you have an NRI Account: No Yes (If yes, please furnish the following details)

Bank account number: _____

Type of account: NRO NRE RFC

Bank name: _____

Branch name and address: _____

Documentation

I have enclosed the following documents to this effect. (*Mandatory)

Cancelled CTS (Cheque Truncation System) compliant cheque leaf

PAN Card copy

Photocopy of Passbook (If cancelled cheque is not available)

Non Resident Indian Questionnaire (To be filled in by Proposer)

Resident Details

Your country of permanent resident: _____

Date from which you have become a permanent resident of the country mentioned above:

D	D	M	M	Y	Y	Y	Y
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Your full address while abroad: _____

Resident status for tax purpose: _____

Permanent Account Number under Income Tax Act, 1961 of India, if any: _____

Documentation for NRI

I have enclosed the list of documents to this effect (Mandatory)

- Copy of passport – proof of country of residence
- TRC – Tax Residency Certificate obtained from jurisdictional tax office of the non-resident policyholder in such other country outside India
- Declaration from the policyholder with respect to his / her residential status and country of residence
- Address-Indian as well as foreign
- Bank name, Branch name & address

Please Note:

- *All the above documents / details should be in the name of recipient of payment under life insurance policy. It may be proposer, life insured, or beneficiary.
- *The above are standard documents required. Basis the country of residence or tax laws applicable, there may-be additional requirements as TDS and CA certificate will be case specific.
- *In case of non-availability of PAN the TDS rate may go as high as 30%. Hence, providing a PAN copy will be beneficial for the customer.
- *In case of non-resident policyholders, there is no threshold limit of Rs. 1,00,000/- as available to Indian resident under section 194 DA.
- *Processing a payment to non-resident will take 6-7 working days from the date of receipt of all requisite information. Hence the policy holder needs to be intimated about the timelines for the provision of document within timelines.

Declaration & Authorization

I, _____, being the Policy owner herein declare & affirm that the details provided in the request form is true and correct while the present request shall be processed only after all the information/documents, as required by Insurance Company, stand submitted and received by the Company.

I/We hereby request that the terms and condition of this policy be changed in accordance with the above particulars with the understanding and agreement that a copy of this request shall be attached to and forms a part of the said policy.

I consent and agree to indemnify Aegon Life Insurance Company Limited (Insurance Company) in case any wrongful/incorrect policy benefit is received by me.

Disclaimer

The request will be processed as per applicable IRDAI guidelines relating to NAV application.

“In the event of any disagreement in interpreting the contents of the format, the format that was printed in Hindi / English version (as the casemay be) prevails as per IRDAI Circular No:IRDAI/ Life/ Life Council/ 2013/ 73 dated 29April 2014”

Signature of Policy holder/Nominee/Assignee: _____

Date:

D	D	M	M	Y	Y	Y	Y
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Signature: _____