## Life Insurance

Aditya Birla Sun Life Insurance Company Limited

(A subsidiary of Aditya Birla Capital Ltd.)



PROTECTING INVESTING FINANCING ADVISING

## **Policy Payout Request Form**

Kindly fill the form in BLOCK LETTERS only.) (All fields are mandate Any alterations/corrections made in the form need to be duly signed by	•	wner.	. Tick (	✓) the	e rele	vant	t bo	(Kin	dly	fill ir	n BL	.OCI	K LE	TTEI	₹S O	NLY	
Policy No.: e-Insurance Accou	nt Number:																
Name of the Policy Owner:													$\Box$	$\Box$		$\perp$	
elephone (R/O) Number.: STD Code		Mobi	le:														
mail ID:												1	Т	$\top$		Т	
Pate: REQUEST TYPE (tick whichever	applicable)		PART	IAL W	/ITHI	OR4	w	ı [		PO	LIC	YL	OA	N [		ВО	NU:
(indly note this email id will be used for resitration of 'Go Green' an								L	ner			_		L			
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	If yes, plea			-					n N	umb	er/	s: _					
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AN (Mandatory ):																	
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Cover Outstanding Loans																	
ANK DETAILS: Mandatory as per IRDAI guidelines, Please pricank Name:	ovide bank	deta	ils fo	or dire	ct tr	ans	ter	into		our a	acc 	our	it.				
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1 Digit IFSC Code:	(You can get th	is code	from yo	our bank)												t credit vide ch	
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I/We wish to withdraw maximum eligible Loan amount as per p	evious work	ing da	ay's N	AV.													
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Original Policy document submitted for loan		rigina	ıl Can	celled (	Cheq	ue v	vith	pre	prir	nted	nar	ne 8	& ac	cou	nt n	umb	er.
Assignment form for loan request	┌── Ir	n case	the ca	ancelle	d che	que	doe	s no	t ha	ave p	rep	rinte	ed n	ame	and	acc	our
Self attested copy of PAN is Mandatory, carry original				ew Acc atemer													
for verification at Branch.																	
Coverage information (CI) or Your Policy Details (YPD) submitted				oaid en													

**Discharge Receipt:** : I/ We have not assigned the said policy to anyone or have not dealt with same in any manner. I/we understand that upon surrender policy contract will be terminated and I/We will not be eligible for any benefits from said policy. I understand that any payout under the policy shall be strictly in accordance with the Policy terms and conditions. I/we hereby agree to accept the surrender/maturity value and declare that I understand and agree to all the conditions and information given in this form. I understand that the Company shall not be held responsible for any non-receipt of payment on account of wrong/incorrect/incomplete information given by me in this form'. I/we also agree and understand that in case of non submission of valid PAN, 20%TDS may be deducted from the payout value due to me.

I hereby declare and agree that the contents in the form are true, correct and complete in all aspect. I further agree that the contents in the form have been fully explained to me and understood by me.

I hereby declare and agree that the contents in the form have been fully explained to me and understood by me.

I hereby agree to have the given bank details to be linked to all many payments in future.  Date:/	Please affix  ₹1 revenue stamp and sign across  Witness Name:  Relationship with policy holder:  Witness Contact No.:  Witness Signature:
For Branch Use Only (All fields are mandatory)	
Request submitted by Customer Advisor Third person Da	ate: Before 3 PM After 3 PM
ABSLI Staff's Name, Employee ID and Signature:	<u></u>
Reference No	Branch Stamp

## **IMPORTANT GUIDELINES**

1. If request for Unit Linked Product is received up to 3:00pm IST on a weekday (Mon-Fri), the same day's NAV will be applicable. However, if the request is received after 3:00pm IST, then the next declared NAV will be applicable. If the request is received on Saturday, then the next declared NAV will applicable.

NAV applicability will be subject to receipt of the request along with the policy document and requirements as applicable.

- 2. No Surrender request will be accepted without policy document.
- 3. Self attested copy of PAN is Mandatory. List of Valid Photo ID proofs are given below:
  - Passport Bankers Certificate/Employer's Certificate with Photograph
    - Driving License

(For payout request received along with request for change in signature, only the above mentioned 4 photo ids are valid).

- PIO Card with photograph

- PAN Card (Mandatory)

- ESIC Card with photograph
- Armed Force ID cards with Photograph
- Post Office Savings A/c, PPF A/c with photograph
- Employees ID card with Photograph
   Bar Council ID for Lawyers of with photograph
  Please note that Valid Photo ID of customer and 3rd party can be attested by Customer
  - Please note that Valid Photo ID of customer and 3rd party can be attested by Customer Service Executive other documents by authorized signatories.
- All MDRT, COT, TOT and CEO club members qualified for the last calendar year are also authorized signatories. Either of these documents needs to be attested any of the following authorised signatories
- (As mentioned in the existing form)
- 4. For Bank Details, please note:
  - Original Cancelled cheque with pre-printed name & account number is mandatory
  - In case the cancelled cheque does not have the policy owner's name and account number pre-printed, then a copy of the Bank Statement/Bank Passbook with account number and account holder's name needs to be submitted. Computerized Bank statement displaying pre-printed name and account number of the policy owner can be accepted if the same is attested by authorized ABSLI personnel.
  - In case cancelled cheque carries pre-printed name and account number, but has "New Account" printed on it, kindly submit an attested copy of the passbook/bank statement bearing pre-printed or handwritten name and account number. Please carry original passbook/bank statement to the branch for verification purposes.
  - Cheque submitted along with payout requests should be cancelled/defaced. While doing so, please ensure that the account number /IFSC code is clearly visible.
  - Cheque should not be signed

**Important:** Only the front page of the passbook/portion of the bank statement that shows the account holder's name, address, account number and IFSC code should be submitted. Pages showing transactions should not be submitted.

- 5. **For request for changes to be made in address/bank details/signature change along with surrender request,** please note that the changes will be processed first. After a cooling period of 7 days from the confirmation letter dispatch date, a fresh surrender request will have to be submitted. Along with every signature change form, a fresh discharge form is mandatory, without which the request will not be processed.
- 6. For payout forms where thumb impression is affixed (Requests received from walk in customers) The payout form to be witnessed by a person (not the advisor/employee of the Company) who knows the Policy Owner. The same to be attested by Magistrate, Nota\_ Public or Special Executive Magistrate.
- 7. **For request submitted along with indemnity bond (requested submitted by Third Person)** Duplicate policy document will be dispatched to the customer's residence registered in ABSLI records. Once the customer receives the duplicate policy document, he can submit a fresh surrender request.
  - (Requests received from walk in customers) For Maharashtra state the indemnity bond or franking applicable is Rs 600/- only and for other states franking applicable is Rs 300/- this is as per amendment in the stamp duty on indemnity (Article 35) of Maharashtra stamp act 1958.
- 8. **For request submitted along with address change request and indemnity bond,** address change will be processed first. After a cooling period of 7 days from the confirmation letter dispatch date, duplicate policy document will be dispatched to the customer's residence registered in ABSLI records. Once the customer receives the duplicate policy document, he can submit a fresh surrender request.

9. Section 10 (10D) of the Income - Tax Act 1961, provides exemption in respect of all the payments made for a life insurance policy which satisfies the prescribed conditions of premium to sum assured ratio. In order to avail exemption under Section 10 (10D), the amount of premium payable to sum assured at any time of the term of policy should not exceed defined ratio provided below.

Finance Act 2019 has introduced an amendment in TDS provision under Section 194DA in the Income Tax Act 1961 on the insurance policies.

Policy Issue Period	Exemption Criteria
On or before 31 <sup>st</sup> March 2003 On or after 1 <sup>st</sup> April 2003 but on or before 31 <sup>st</sup> March 2012 On or after 1 <sup>st</sup> April 2012	No criteria prescribed (TDS Not applicable) Annual Premium should be maximum 20% of the Actual capital Sum Assured in any of the years OR Actual capital Sum Assured should be minimum 5 times Premium in any of the years Annual Premium should be maximum 10% of the Actual capital Sum Assured in any of the years OR Actual capital sum assured should be minimum 10 times Premium in any of the years

As per the new section (applicable from 1st September 2019), if the policy proceeds are not eligible for exemption under Section 10 (10D) of the Act and your total payout value for a year exceeds Rs. 100,000, then the tax deductions will be as under:

- At 5% on the income (for valid PAN registered with us)
- At 20% (for valid PAN not registered with us)

The applicable deduction will be withheld by us before releasing the payment and the same shall be deposited with Government authorities

In case valid PAN details are not available with us, TDS certificates would not be generated from Income Tax website. Also, in the absence of PAN, TDS credit would not get reflected in Form 26AS

10. Charges on Loan Repayment Via Credit Card: "In case of repayment of loan via credit card, convenience fee as charged by our bankers on repayment amount + GST will be recovered".

## Important points:

- 1. In case the TDS to be deposited with Government authorities is more than payout value, then the balance TDS shall be recovered from the existing fund of the policy.
- 2. In case the available Fund value post payout is also not sufficient for the TDS, then the surrender request shall be declined by ABSLI.
- 3. For NRI TDS will be applicable as per relevant provisions of Income Tax Act 1961 or as per Double Taxation Avoidance Agreement between India and count of residence of Policy Owner.

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	Acknowledgment Slip	
Partial Withdrawal Policy Lo	Date:	Before 3 PM After 3 PM
Policy Number:		Reference No.:
Name of Policy Owner:		Date Stamp and Time
Branch:	Received by:	

Aditya Birla Sun Life Insurance Company Limited (Formerly known as Birla Sun Life Insurance Company Limited) Regn. No.: 109. Regd Office: One World Centre, Tower 1, 16<sup>th</sup> Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013 +91 22 6723 9100 | CIN: U99999MH2000PLC128110 www.adityabirlasunlifeinsurance.com

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