

On the life of _____ for Rs. _____
 Dated _____ / 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
 upto the said Corporation to be cancelled. In witness whereof these presents are subscribed by me/ us at
 [PLACE] _____ [DATE] the _____ / _____ /20 Surrender Value [inclusive of
 Cash Value of Bonus] Rs. _____ LESS : Loan Rs. _____

Interest Rs. _____

APL Dept Rs. _____

Other Chg Rs. _____

Rs. _____

Net Payable

Declaration : I/We hereby declare that I/We not served on any office of 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 Loan / Surrender.

English Knowing Witness:

Signature : _____

Name : _____

Address: _____



Signature of LA on One Rs Revenue Stamp

POLICY HOLDER NEFT DETAILS: Acct Holder Name : _____ Acct No : _____ Acct Type : _____ IFSC : _____ Bank Name 7 Address : _____	Present Address: _____ _____ Pin _____ Contact No: _____ Email ID : _____
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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 the terms and Conditions of the Plan. 3 Not satisfied with Service 4 Any other Reason _____ _____
2	Are you aware that Surrender of the policy shall result into of Life Cover ?	YES / NO
3	Are you aware that Surrender of the policy may be financially disadvantageous ?	YES / NO
4	Are you aware of the approximate Surrender Value for your Policy ?	Rs. _____ Sign 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 Policyholder _____

ANNEXURE II
EXIT INTERVIEW

DATE : _____

Certificate of Exit Interview conducted at Branch Office / Division Office

Policy no : _____ Name of Policyholder _____

Date of request for Surrender : _____

Question no	Question	Exit Interview undertaken by Branch Officials
1	Reasons for Surrender of the Policy.	1 Urgent Financial Need YES/NO 2 Not satisfied with terms and conditions of the plan YES/NO 3 Not satisfied with service YES/NO 4 Any other Reason _____
2	Is the Policyholder aware that Surrender of LIC policy may incur a loss of Life cover ?	YES / NO
3	Is the Policyholder 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 _____ am/pm

Signature of the official who conducted the Exit Interview : _____

Name of the Officials who conducted the Exit Interview: _____

SR No : _____ Cadre : _____

Branch / Divisional Office : _____

