



**FORM OF RECEIPT FOR SURRENDER VALUE OF  
POLICY NO :**

On the life of \_\_\_\_\_ for Rs. \_\_\_\_\_

Dated \_\_\_\_\_ I / 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**

<b>POLICY HOLDER NEFT DETAILS:</b>	<b>Present Address:</b> _____
Acct Holder Name : _____	_____
Acct No : _____	_____ Pin _____
Acct Type : _____	Contact No: _____
IFSC : _____	Email ID : _____
Bank Name 7 Address : _____	_____

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 ?	<b>YES / NO</b>
3	Are you aware that Surrender of the policy may be financially disadvantageous ?	<b>YES / NO</b>
4	Are you aware of the approximate Surrender Value for your Policy ?	Rs. _____ <b>Sign of Policyholder</b> _____

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 <b>YES/NO</b> 2 Not satisfied with terms and conditions of the plan <b>YES/NO</b> 3 Not satisfied with servicer <b>YES/NO</b> 4 Any other Reason _____
2	Is the Policyholder aware that Surrender of LIC policy may incur a loss of Life cover ?	<b>YES / NO</b>
3	Is the Policyholder aware that Surrender of LIC policy may be financially disadvantageous ?	<b>YES /NO</b>
4	Is the Policyholder aware of the approximate Surrender Value ?	<b>YES /NO</b> 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 : \_\_\_\_\_

