

**STAR UNION DAI-ICHI LIFE INSURANCE CO. LTD.**

IRDA REGN. NO. 142

### Surrender Form for Credit Life Policies

**Policy Type (Please tick the appropriate box):**

**Ashiana Suraksha**
                 
  **Shiksha Suraksha**
                 
  **Ashiana Suraksha Plus**

<b>Name of the Policy</b>	
<b>Master Policy No.</b>	
<b>Particulars of the Insured Member:</b>	
<b>Full name of the Insured member (As in the data sent to us)</b>	
<b>COI Number/ Application No.</b>	
<b>Loan Account Number</b>	
<b>Reason for Surrender</b>	
<b>Documents to be submitted along with the surrender form</b>	
<input type="checkbox"/>	Foreclosure letter issued to member by bank branch. Original COI
<b>Direct Fund transfer Details of the Insured Member Only ( Savings Bank account details)</b>	
<b>Name of the Bank</b>	
<b>Account Holder Name</b>	
<b>Bank Account No.</b>	
<b>Bank Branch Name &amp; Code</b>	
<b>IFSC code</b>	
<b>MICR Number</b>	
<b>Surrender Value Calculation as per term and Conditions mentioned in the Master Policy Document:</b>	
<input type="checkbox"/>	Ashiana Suraksha/ Suraksha Plus – (60% of the Premium paid less taxes) x (Unexpired term/ Total term) x (Sum Assured benefit at the time of surrender / Sum Assured at inception)
<input type="checkbox"/>	Shiksha Suraksha Policy Type –(70% of the Premium paid less taxes) x (Unexpired term/ Total term)

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Advance Discharge Voucher		
<p>I/We _____ hereby agree to accept the surrender value and declare that/We understand and agree to all the conditions and information given in this form.</p>		
<p><b>Please affix Re. 1/ Revenue Stamp and sign across the stamp</b></p>	<p><b>Full postal address and details of the insured Member</b></p>	
<p><b>Insured member sign across the revenue stamp.</b></p>		
<p><b>Declaration: We hereby declare that the information given above is correct to the best of our knowledge and belief. The information has been received and confirmed at our end and after due diligence is observed, the same has been produced herewith while filling this form. We also declare that I am / We are the sole beneficiaries under the paid payout paid vide this Discharge Form.</b></p>		
<p>_____</p> <p><b>Signature of the Witness</b></p>	<p>_____</p> <p><b>Signature of the insured</b></p>	<p>_____</p> <p><b>Stamp and Signature of the Master Policy Holder</b></p>

*\* All columns have to be filled up compulsorily, without which the surrender form will not be accepted.*

**Star Union Dai-ichi Life Insurance Company Limited**

**Registered Office:** 11<sup>th</sup> Floor, Vishwaroop IT Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai – 400 703.

Toll Free No.: 1800 266 8833 (9:00 am to 7:00 pm – Mon to Sat)

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