Maturity Form

Any alterations/corrections made in the form need to be signed by the policy owner. Please use a separate request form for each policy.

Policy Number: ☐☐☐☐☐☐☐☐☐   EIA A/c number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐   Date: ☐D ☐D ☐M ☐M ☐Y ☐Y ☐Y ☐Y

Name of the Policy Owner: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Contact details/Call back number (Mandatory): Mobile: ☐☐☐☐☐☐☐☐☐☐   Telephone (R) No.: ☐STD Code ☐☐☐☐☐☐☐

Email id: _____

Kindly note, this email id will be used for registration of 'Go Green' and will lead to discontinuance of physical statements.

1. Are you holding citizenship of any other country?   Yes ☐   No ☐   If yes, please provide country name/s: _____

2. Are you a tax resident of any other country?   Yes ☐   No ☐   If yes, please provide unique Tax Identification Number/s: _____

Note: If the response to any of the above questions is yes, please submit a detailed NRI questionnaire available with our branch office.

PAN: ☐☐☐☐☐☐☐☐☐☐   Mandatory

Note: As per Government of India and IRDAI Notification it is mandatory to update PAN/Form60 details in All your policies before 31st March. 2018 to ensure uninterrupted services for your policy(s).

Bank Account Details (All fields are mandatory)

Bank Name: _____   Branch Name: _____

Bank Address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Bank Account Holder's Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐   Account Type: Saving ☐ Current ☐ NRE# ☐ NRO ☐

Bank Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐   11 Digit IFSC Code: ☐☐☐☐☐☐☐☐☐☐☐
(You can get this code from your bank)

Note: Aditya Birla Sun Life Insurance will not be responsible in case of non credit to your account or if transaction is delayed or not effected at all for reasons of incomplete/incorrect information provided or rejected by your bank. In case of requisite information for direct credit is not received or transaction rejected by bank the payout will be made vide cheque.

Maturity Details (All fields are mandatory)

Plan: _____

For pension plans: Maximum amount you wish to commute: Rs. _____ /- (Allowable limit max. 1/3rd of total maturity value)

*For Pension Plans, please fill up a separate Open Market Option Form.

Cheque for the balance amount to be in favour of _____ (Name of the company from where you want to purchase the annuities)

Mandatory documents

☐ Original Policy document for Pension Plan

☐ Self attested copy of PAN is Mandatory., carry original for verification at Branch.

☐ Original Cancelled Cheque with pre printed name & account number.

☐ *Open Market Option Form.

☐ In case the cancelled cheque does not have preprinted name and account number or "New Account" is mentioned on the cheque, pass book copy/bank statement having preprinted name & account number.

☐ All premium paid entries are mandatory.

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/we hereby agree to accept the surrender value and declare that I understand and agree to all the conditions and information given 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 agree to accept the maturity/surrender amount as full and final settlement per the terms and conditions of the policy contract and discharge Aditya Birla Sun Life Insurance Company Limited (ABSLI) of its liability under this Policy. I also and understand and agree that no further claims of whatsoever nature shall be payable to me under this Policy

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 my policies under my client id for any company initiated payments in future.**

Date: _____/_____/_____

Place: _____

Signature of Policy Owner/
Assignee in case the policy is assigned

Please affix ₹1 revenue stamp and sign across

Witness Name: _____

Relationship with Policy Owner: _____

Address: _____

Witness Contact No.: _____

Witness Signature: _____