

REQUEST FOR PARTIAL SURRENDER/FULL SURRENDER FORM



IMPORTANT INSTRUCTIONS FOR FORM COMPLETION

1. Complete the form in all respects, answer all questions with a single pen.
2. Write in Bold Legible Script within the space provided for each option.
3. If an option is not selected, please neatly write "Not Applicable".
4. Do not overwrite, mutilate, scribble, cancel or delete and do not use abbreviation, dots, crosses and dashes.
5. Use original form and sign as per signatures you affixed on proposal form, with date.
6. To know your Cash Value type **JUBILEELIFE <space> CV <space> Policy No.** from your registered Mobile No. and send it to **8398**

Policy No: _____ Name of Life Assured: _____

Name of Policy Owner: _____

To make request for Partial Surrender/Full Surrender (withdrawal), please select one of the given options

A: PARTIAL SURRENDER (WITHDRAWAL) SECTION

(The maximum and minimum limits of the amount of Cash Value that can be partially surrendered (withdrawn) is determined and may be changed by the Company from time to time.)

I request Jubilee Life Insurance Company Limited. to partially surrender my policy and pay an amount of Rs. _____ (in figures) _____ (In words) from Unit Account (Cash Value) of this policy. Any expenses as determined by the Company may also be deducted from the amount payable to me. I also agree that in order to maintain the sum at risk, Jubilee Life Insurance Company Limited, if required, may reduce the Sum Assured by the amount of partial surrender.

B: FULL SURRENDER SECTION

I request Jubilee Life Insurance Company Limited that my Policy be surrendered and the benefits under the Policy be terminated forthwith. I also request that the Cash Value of this Policy be paid to me after deduction of expenses as determined by the Company. I, herewith, return (have already returned) the Policy Documents to Jubilee life Insurance Company Limited.

C: ZAKAT SECTION

I do not claim exemption from deduction of Zakat. I claim exemption from deduction of Zakat.

- NOTE:**
- In the event of the payment of Partial Surrender/Full Surrender (withdrawal) proceeds, 2.5% of the amount payable will be deducted as Zakat and paid over to the appropriate authority.
 - To claim an exemption from Zakat deduction, an appropriate affidavit must be submitted with this form.

D: PAYMENT OPTIONS

Direct Transfer Into IBFT Account Via Payorder / Cheque

Account Title _____

Bank Name _____ Branch Name/Code _____

Account Type: Current Savings IBFT Account Number

E: VERIFICATION BY AUTHORIZED OFFICIAL OF THE CONCERNED BANK

We do hereby verify the above particulars and signature of our above account holder.

Name of Bank Manager / Authorized Officer _____ Contact No. _____

Signature and Rubber Stamp _____

F: ACKNOWLEDGEMENT/PRE-DISCHARGE

I, as Policy Owner, hereby acknowledge that the transaction processed and payment made through the option selected by me in Section D here-above, will discharge Jubilee Life Insurance Company from all liabilities and responsibilities whatsoever in this regard. In case of Full Surrender, in lieu of the Surrender Value paid to me, the Policy would be irrevocably terminated, and all Privileges and Benefits of the Policy would stand cancelled. I, as Policy Owner, solemnly declare that I am entitled to the Proceeds of the Policy and that the Policy has not been assigned / transferred to anyone whomsoever, nor does any other person whomsoever has any right to the Policy.

G: CALL BACK CONFIRMATION STATUS (FOR HEAD/REGIONAL OFFICE ONLY)

Date & Time: _____ Number Called On: _____ Called By: _____

Agree Disagree Others _____

Signed on (Date): _____

Policy Owner's Signature: _____

Policy Owner's Computerized NIC# _____

Tel # (Res): _____ (Office): _____

Mobile Number: _____

Email Address: _____

Name of Witness: _____

Signature of Witness: _____

Witness's Computerized NIC# _____

Tel # (Res) : _____ (Office): _____

Mobile Number: _____

Email Address: _____

The Branch Incharge/Sales Manager should sign this request form as a witness. If a client comes directly to the Head Office for Partial Surrender / Full Surrender (withdrawal), the Authorised Official of Customer Experience Department will witness this form.

Jubilee Life Insurance Company Limited

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