

# Policy Benefit Payout Form

(Survival Benefit, Foreclosure, Maturity, Mid Term, Recurring, Education, Discontinued & Systematic Benefit Payouts)

Note: Please complete the form in CAPITAL LETTERS.

All fields with (\*) are mandatory

POLICY DETAILS	Policy Number:* <input type="text"/>	Date:* <input type="text"/>
	Policy Holder's Name:* <input type="text"/>	

PAYOUT TYPE	<b>Please tick the relevant payout request type</b>				
	Survival Benefit Payout <input type="checkbox"/>	Recurring Benefit Payout <input type="checkbox"/>	Mid Term Payout <input type="checkbox"/>	Maturity Payout <input type="checkbox"/>	Foreclosure Payout <input type="checkbox"/>
	Education Payout <input type="checkbox"/>	Discontinued Payout <input type="checkbox"/>	Systematic Payout <input type="checkbox"/>		
	I request Exide Life Insurance Company Limited to process my payout and refund the eligible value after deducting any outstanding dues/charges as applicable under this policy.				
<b>Note:</b> Systematic payout will be paid for all subsequent eligible dues as per Policy T & C					

SETTLEMENT OPTIONS	Do you wish to transfer above benefit to New Proposal or towards Renewal Premium of existing Policy. Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes please mention details below	
	New Proposal /Policy Number : <input type="text"/>	Fund Transfer Amount : <input type="text"/>
	Renewal Policy Number : <input type="text"/>	Fund Transfer Amount : <input type="text"/>

BANK DETAILS	<b>Payment Method*</b>	Direct credit into Bank account <input type="checkbox"/>	A/c Payee Special Crossing Cheque <input type="checkbox"/>
	Bank Name:* <input type="text"/>	Bank Branch:* <input type="text"/>	
	Account Number:* <input type="text"/>	IFSC Code:* <input type="text"/>	
	<b>Please tick Account Type (✓)</b>	Savings <input type="checkbox"/>	Current Account <input type="checkbox"/>
		NRO <input type="checkbox"/>	NRE* <input type="checkbox"/>
*Credit to NRE account will be given only incase if all the premiums are paid from a NRE account			

TAX DEDUCTIONS	1. Do you have a PAN card Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, kindly provide your Permanent Account Number (PAN): <input type="text"/> Attach a self-attested photocopy of PAN Card.
	TDS (Tax Deducted at Source) will be applicable as per the prevailing Income Tax Laws, which is subject to change from time to time. In case you have not provided your PAN details, payout may attract higher TDS rates. Separate tax rates will be applicable for Non-resident Indians, as specified under Income Tax Act, 1961. Please refer to the Income Tax Laws or consult a tax consultant for further information.
	2. Are you currently a Resident of India Yes <input type="checkbox"/> No <input type="checkbox"/>
	If No, please specify country of Residence <input type="text"/>
<b>Note:</b> In case you are not a Resident of India, then tax deductions will be applicable as per beneficial provisions of treaty with the respective Country of Residence. If your Residential status is changed from NRI to Resident Indian then please submit relevant supporting documents. (Complete Pages of Passport or Other supporting document)	

DECLARATION	I take full responsibility for the genuineness and correctness of the details filled herein.	
	<b>Signature / Thumb Impression of the Policy Owner / Assignee:*</b> <input type="text"/>	
	Date <input type="text"/>	
	Name & Address of the Witness:* <input type="text"/>	
	Witness Signature:* <input type="text"/>	
*(Should be someone other than the advisor/agent/employee of the company and who has also explained the contents of this form if signature is in vernacular or a thumb impression.)		

FOR OFFICE USE ONLY	Name of the Customer Service Representative: <input type="text"/>	Branch Code: <input type="text"/>	Signature: <input type="text"/>
	Date: <input type="text"/>	Employee No.: <input type="text"/>	

ACKNOWLEDGMENT SLIP	<b>This is to acknowledge the receipt of your application for below Policy Benefit payout.</b>			CSE Signature <input type="text"/>
	Survival Benefit Payout <input type="checkbox"/>	Recurring Benefit Payout <input type="checkbox"/>	Mid Term Payout <input type="checkbox"/>	
	Maturity Payout <input type="checkbox"/>	Foreclosure Payout <input type="checkbox"/>	Education Payout <input type="checkbox"/>	
	Discontinued Payout <input type="checkbox"/>	Systematic Payout <input type="checkbox"/>		
	Policy No. <input type="text"/>			Date: <input type="text"/>

Turn over leaf for Terms & conditions and more details.

Call: 1800 419 8228 (TOLL FREE); +91 80 4134 5444

@ Email: care@exidelife.in

Visit: exidelife.in

Registered Office: Exide Life Insurance Company Limited, 1<sup>st</sup> Floor, Unit No.5 to 8, Inizio Building, Opp P&G Plaza, Cardinal Gracious Road, Chakala, Andheri East, Mumbai - 400 099.

Corporate Office: Exide Life Insurance Company Limited, 3<sup>rd</sup> Floor, JP Techno Park, No. 3/1, Millers Road, Bengaluru - 560 001.

IRDAI Registration No. 114 CIN: U66010MH2000PLC377660

# Policy Benefit Payout Form

DOCUMENTS REQUIRED

Please submit any of the following listed documents along with the mandatory requirements (\*).

- 1) Self-attested valid photo ID proof \*       2) Self-attested valid address proof       3) Original Policy Documents
- 4) Original cancelled cheque with your name and account number pre-printed\* OR
- 5) Self-attested copy of bank statement / pass book copy with bank seal, if personalised cheque is not attached\*.

Please attach self-attested identity proof bearing photo (e.g. PAN Card, Voter's ID, Passport, Driving License, Aadhar Card)

TERMS & CONDITIONS

- Payouts will be made on the Due Dates
- Any payouts under the policy shall be strictly in accordance with the policy terms and conditions, and shall be subject to realization of all the Received payments.
- The submission of this form by itself does not mean that the request will be processed. Exide Life Insurance Company Limited reserves the right to contact me in case of any further requirements or if any of the communication addresses and numbers submitted by me do not match the details available with Exide Life Insurance Company Limited for processing the Request.
- If the transaction is delayed or not effected at all for any reasons due to incomplete or incorrect information given above, I shall not hold the company responsible in any manner whatsoever.
- Exide Life Insurance Company Limited will not be liable for any loss arising from non-receipt of communication.
- On my request Exide Life Insurance Company Limited shall transfer payouts from my policy to another policy in which I have insurable interest. I hereby give my express consent for such transfer.
- I hereby declare that the policy is not assigned to any one or attached by any Authority / Court.  
If request for Unit Linked Product is received up to 3:00pm IST on a weekday (Mon-Fri), the same day's NAV will be applicable. However, if the request is received after 3:00pm IST, then the next declared NAV will be applicable. If the request is received on Saturday, then the next declared NAV will be applicable.
- Exide Life Insurance Company Limited may update Bank account specified in this form for future payouts or to the other policies in my name, provided policy is not assigned and owner details match bank records and credit the policy related payables to this account

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