

INSTRUCTIONS

- Minimum eligible Partial withdrawal amount is ` 5000/- & Maximum 25% of the Fund Value.
- Amount payable on partial withdrawal is as per the policy terms and conditions. Once requested, the partial withdrawal transaction cannot be cancelled.
- In case your policy has been assigned, the partial withdrawal request would be accepted if the consent from the assignee of the policy is received.
- Partial withdrawals are not allowed in case of IndiaFirst Education Plan where the Policy owner is survived by a minor.
- If an application of partial withdrawal is received up to 3:00 pm IST on a weekday (Mon-Fri), the same day's unit value will be applicable. However, if received after 3:00 pm IST on weekday, the next working day's unit value will be applicable (when the applicable day is not a valuation day, NAV of next immediate valuation day will be considered). Requests received after Friday 3 pm to Sunday will be allocated the NAV of the following Monday (following Working day)
- Release of your withdrawal payout will be subject to realization of the last renewal premium payment made.
- Mandatory documents to be provided**
 - Cancelled cheque. In case the cancelled cheque does not have the policy holder's name printed on it, a copy of the passbook/bank statement is required
 - Copy of PAN card & Partial Withdrawal request form duly filled.

Note: Non-Compliant* All policies where Death Benefit is less than 5 times of the annualized premium paid if the policy is issued before 31stMar 2012. For policies issued after 31stMar 2012, Death Benefit less than 10 times of the annualized premium.

FOR PARTIAL WITHDRAWAL OF UNITS

(Please read the instructions carefully before proceeding)

Date:

Name of Policy Owner:

Policy No:

Contact No. (Off/Res /Mobile)* _____ email ID: _____ @ _____

* Contact No is mandatory

I wish to apply for a Partial withdrawal for an amount Rs. _____ from my policy. I understand that the request will be processed, if the withdrawal requested is greater than or equal to the minimum withdrawal amount mentioned in the policy document. The partial withdrawal should be from the units credited to my policy in the proportion given below.

| From Existing Fund Name | Percentage/Amount/Units to be withdrawn |
|-------------------------|---|
| | |
| | |
| | |

Please transfer the payout amount through:

- Direct credit (BOB and Andhra Bank only) NEFT/RTGS

BANK ACCOUNT DETAILS

Name of Account Holder:

IFSC code:

Account Number:

MICR code:

Bank name:

Branch Name:

DECLARATION BY POLICYHOLDER

I understand that pay-outs against insurance policies are subject to tax deduction at source (TDS) as per 194DA of Income Tax Act,1961, (effective from 1st September 2019) for Non-Compliant life plans, TDS @ 5% will be deducted at source on the income component where PAN is furnished. In the absence of valid PAN, tax will be deducted @ 20% on the income component. The policyholder is recommended to consult his/ her own tax consultant. (Applicable to Indian Resident)

I understand that the pay-outs against insurance policies are subject to TDS@31.20% for Future Plan and Non-Compliant* Life Plans u/s 195 of Income Tax Act based on the information provided in NRI declaration Form (Applicable for NRI)

Note: in order to abide by the Foreign Account Tax Compliance Act (FATCA), kindly submit an Insurance FATCA Declaration, separately, if the answer to any of these question is a 'yes': (i) Are you a citizen of any other country apart from India (dual or multiple citizenship); (ii) Are you a resident (for tax purposes) of any other country other than india; (iii) Do you hold a green card of USA or any similar card for any other country?

Signature of the Policy Owner

Name, Signature (& Rubber Stamp for Corporate/Firm) of Assignee in case of Absolute Assignment

Please affix Re 1/- revenue stamp & sign across the stamp

VERNACULAR DECLARATION (to be filled if the policyholder is illiterate/signed in a Vernacular language)

I do hereby state that I have read out and explained the contents of the form to the policyholder in _____ language and he/she have understood the same. I declare that whatever I have stated herein above is true and correct to the best of my knowledge and belief. The policyholder has signed /affixed the thumb impression after fully understanding the contents thereof.

Name of the Declarant : _____ Signature: X _____ Relation with the Policyholder _____

Address of the Declarant : _____ Contact No.: _____

I hereby certify that the contents of the form have been clearly explained to me and I have fully understood them. I further certify that the answers recorded in the form are as per the information provided by me.

Signature/Thumb impression

Note: The Declarant identity should be easily established and he/she should not be connected to insurer in any capacity.