

Pay-out Request Form

Please read all instructions before filling the form

- Kindly fill all details in BLOCK LETTERS only
- For unit-linked products, if the request is received and accepted at the Company's office before 3 p.m., unit price declared on the same date will be applicable, and if the request is submitted and accepted at the Company's office after 3 p.m., the next working day's unit price declared will be applicable
- If the policy has been assigned, the request would be accepted on receipt of letter from the assignee of the policy
- All communication will be sent to the address recorded with us

deduction of applicable charges, upon completion of the fifth policy year.

• Please do collect the acknowledgement number from the customer service executive as this will be your reference number for all future communications on this request

• The application for any withdrawal needs to be submitted along with requisite documents as mentioned in the form														
Policy Document														
Kindly fill in BLOCK LETTERS														
only Policy Number														
Name of Policyholder:														
Are you a US Citizen or US tax resident? Tes No If yes, please provide Taxpayer Identification Number (TIN):														
Policyholder Contact Details														
Mobile Number (mandatory): Alternate Contact Number: 0														
Email ID:														
Pre-Issuance Cancellation														
Proposal Application Number														
Reason for Pre-issuance cancellation:														
Freelook Cancellation														
Reason for freelook cancellation: Change in Policy Feature/Product Others														
(Incase of product change, fresh proposal fom, is required to be submitted) If others option is chosen, please specify the reason:														
Documents to be submitted: Welcome Kit														
Partial Withdrawal														
☐ Amount(₹) or ☐ Maximum eligibility														
Name of fund(s) to be withdrawn Percentage/Amount														
Note: 1) Request will be processed if withdrawal requested is greater than or equal to minimum amount mentioned in the policy document. Partial withdrawal is not allowed a case of pension products. If the fund names are not mentioned above, the partial withdrawal amount will be deducted in the current fund ratio. Please note that in case "Maximum eligibility" is selected, the policy fund value will reach to minimum account value that needs to be kept in the policy, which will result in surrender of policy & payor will be processed, as per policy feature. Please refer policy bonds for details. 2) As per Finance Act 2019, life insurance companies need to deduct tax at source(TDS) 5% of the gains from the payments made on or after 1st September 2019 under any life insurance policy if such payouts are not exempt from tax. Further provided that if PAN is not submitted by the payee then TDS will be 20%														
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Signature

Pay-out Options (to be filled mandatorily)

Pay-out would be in accordance and subject to the terms and conditions of the policy

Date:

Name as per BankAccount':				_		I												, v	Ι				Ι	Ι	Ι								Ι						Ι							
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Documents to be submitted along with the form: 1. (a) Original personalised [account holder(s) name pre-printed) cancelled cheque bearing pre-printed account number and BankIFSC. (b) If the cheque is not personalised, BankStatement / Bankpass bookbearing pre-printed account number, account holder name, and BankIFSC. 2. Clear copy of valid ID and address proof (self-attested). [List of valid ID and address proof: Valid Passport, Aadhaar card, Valid Driving License, Voter ID card (both sides), Valid MGNREGA card)																																														
Additional documents to be submitted for NRE account: 1. Copy of valid passport 2. NRE bankaccount statement / bankpass bookshowing premium(s) paid through NRE account since policy inception																																														
Please Note:Sankaccount holder name and policy holder name should be the same.																																														
and above will be credited to	Please note that pay-out can only be made in the NRE account to the extent of premiums received from NRE account (repatriable rupees), and any pay-out amount over and above will be credited to an alternate NRO or savings bankaccount. Hence, we recommend you to provide your alternate NRO/savings bank account details in case of absolute assignment of the policy, the assignee's details have to be filled in the above section.																																													
Alternate NRO/Savings Bank Account Details																																														
Alternate NRO/Savings Bank Account Details are required in case the primary bank account is a NRE bank account.															_																															
Name as per Bank Accoun	nt:	Ļ	_		Ļ	4		L	\perp	_	L	_	_	_	_		_	Ļ	_		_	Ļ	4		L	Ļ	1						4	_	Ļ	L	_	\perp	_	Ļ	Ļ	ᆜ	\perp	_		Ļ
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Documents required for alternate NRO/ saving bank account: (a) Original personalised [account holder(s) name pre-printed) cancelled cheque bearing pre-printed account number and BankIFSC. (b) If the cheque is not personalised, BankStatement / Bankpass bookbearing pre-printed account number, account holder name, and BankIFSC.																																														
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DECLARATION* IN CASE THIS PAY-OUT FORM IS FILLED BY A PERSON OTHER THAN THE POLICYHOLDER OR SIGNED IN VERNACULAR LANGUAGE:																																														
Declaration by Policyholder:																																														
I hereby declare that the contents in the form have been fully explained to me and I declare that whatever is stated hereinabove has been recorded as per the information provided by me.																																														
Thumb Impression/Signature of the Policyholder →																																														
Declaration by person filling the form: I have explained the contents of this form to the policyholder inlanguage and I have correctly recorded the answer provided to me.																																														
I further declare that the Pol																									orre	cuy	rec	COLC	iea	tne	an	swe	rpi	OVI	aec	טו ג	me									
Declarant's Name:			I				Ι			Ι	I			Ι					I				I						I												I]
Declarant's Address:			I	Ι			I			Ι	Ι			Ι	I			Ι	Ι			Ι	Ι					I	Ι				Ι							Ι	Ι]
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*The person giving this declaratio	on	car	ı be	any	y pe	rsc	n c	other	tha	an I	ntro	duc	ing	Ad	viso	r or		_							Ma	nag	er o	f Ma	nag	er (N	/ON	1).														_
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I hereby take the sole res company responsible in a me. I understand and agr in spite of my opting for	a i re	ny e t	ma ha	anr t th	ner ne d	fo co	o r a	any pan	tr a y r	an: es	sac erv	ctio es	ns th	af	fe	cte	d l	y t	he	СО	mp	par	ıy c	lue	to	inc	ori	ec	t ba	ınk	ac	cou	nt	nuı	mb	er d	or t	hes	ec	leta	ails	sta	ate	d by	y	,

Place: .

Signature of Policyholder/Assignee (assignee's signature is required in case of absolute assignment of the policy) IRDAI Registration number: 165, CIN: U66000PN2021PLC206995. Registered Name: Go Digit Life Insurance Limited, Registered Address: Ananta One (AR One), Pride Hotel Lane, Narveer Tanaji Wadi, City Survey No.1579, Shivajinagar, Pune – 411005, Maharashtra, Corporate Office Address: Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru-560095, Karnataka, Help line no.: 9960126126, Website: www.godigit.com/life

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