

Consent Letter for Transfer Funds to a New Proposal from Maturity Proceeds

(To be completed and signed by the Policyholder only)

Date:

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| Matured Policy Number | : | <table border="1" style="width: 100%; height: 20px;"></table> |
| Name of the Life Assured/Policyholder | : | <table border="1" style="width: 100%; height: 20px;"></table> |
| Mobile/Telephone Number | : | <table border="1" style="width: 100%; height: 20px;"></table> |
| New Proposal Number | : | <table border="1" style="width: 100%; height: 20px;"></table> |
| Amount to be transferred | : | ₹ <table border="1" style="width: 100%; height: 20px;"></table> |
| Name of the Proposer | : | <table border="1" style="width: 100%; height: 20px;"></table> |
| Name of the Life Assured (LA) | : | <table border="1" style="width: 100%; height: 20px;"></table> |
| (if different than the Proposer) | : | <table border="1" style="width: 100%; height: 20px;"></table> |
| Relationship of LA with the proposer | : | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child |

I, hereby give my consent to transfer Maturity proceeds to the New Proposal as stated above.

Place: _____

Signature/Left hand Thumb Impression (LTI) of the Life Assured/Policyholder of the Matured Policy

DECLARATION WHEN THE ABOVE CONSENT IS FILLED BY A PERSON OTHER THAN THE LIFE ASSURED OR PROPOSER SIGNS IN A VERNACULAR LANGUAGE/AFFIXED THUMB IMPRESSION

I hereby declare that I have read out and explained the contents of this consent and that he/she said that he/she has understood the same.

I hereby declare that I have explained the contents of this form to the proposer in _____ language, that I have truly and correctly recorded the answers given by the proposer and that the Proposer has affixed his/her thumb impression/signature in vernacular language on consent letter for fund transfer in my presence, after fully understanding the contents thereof.

Aadhaar Consent:

I, < Name of the Customer > , hereby give my voluntary consent to SBI Life Insurance Company Limited (SBI Life) and authorise the Company to obtain necessary details like Name, DOB, Address, Mobile Number, Email, Photograph through the QR code available on my Aadhaar card / XML File shared using the offline verification process of UIDAI. I understand and agree that this information will be exclusively used by SBI Life only for the KYC purpose and for all service aspects related to my policy/ies. I have duly been made aware that I can also use alternative KYC documents like Passport, Voter's ID Card, Driving licence, NREGA job card, letter from National Population Register, in lieu of Aadhaar for the purpose of completing my KYC formalities. I understand and agree that the details so obtained shall be stored with SBI Life and be shared solely for the purpose of issuing insurance policy to me and for servicing them. I will not hold SBI Life or any of its authorized officials responsible in case of any incorrect information provided by me. I further authorize SBI Life that it may use my mobile number for sending SMS alerts to me regarding various servicing and other matters related to my policy/ies.

Signature of the person making the declaration _____

Name and Address _____

Signature/LTI of the Proposer

BSM/BDM's attestation with official stamp →

Thumb impression cases will require BSM/BDM's attestation with official stamp