

LIFE INSURANCE CORPORATION OF INDIA

Ref: PS

..... Place.....
..... Date
.....

Dear Sir,

Policy No

With reference to your letter of.....we quote hereunder

the present Surrender Value of the above Policy

Table with 2 columns: Description and Amount. Rows include Surrender Value, Less: Loan and interest thereon, A.P.L. Debt, Other charges (To be specified), Total amount of deduction, and Balance Rs.

If you wish to avail yourself of the aforesaid Surrender Value(s) in entire cancellation of the Policy Contract, you will be required to comply with the following requirements;

- (I) to return to us
(a) The enclosed Discharge Form duly completed by you and the assignee in the presence of a respectable English knowing witness;
(b) The enclosed Declaration Form duly completed by you and the assignee;
(ii) To forward to us
(a) The Policy document,
(b) The separate deed(s) of assignment(s) dated.....

On your complying with the requirements, we shall arrange for payment.

We have to point out that the Policy has been issued subject to Automatic Premium Adjustment Plan, according to which, premiums as and when they fall due have to be adjusted from the surrender value under the Policy, so long as the Surrender Value less the indebtedness admits of such adjustment. The next premium under the Policy will fall due on.....In case you decide to surrender the Policy please return the discharge form to us duly completed and also comply with

the other requirements within a month from the date of this letter, failing which we shall take it that you have dropped the Idea of surrendering the Policy and shall proceed to adjust the future premiums in accordance with the Automatic Adjustment Plan to which the Policy is subject.

We have to point out that the Discounted Value of premiums due upto..... under the above Policy has been paid to us. The premiums due upto the said date, as and when they fall due are required to be adjusted by us out of the amount paid. The next premium will fall due on.....In case you decide to surrender the Policy, please return the discharge form to us duly completed and also comply with the other requirements within a month from the date of this letter, failing which we shall take it that you have dropped the idea of surrendering the Policy and shall proceed to adjust the said premium and the further premiums out of the Discounted Value in the usual manner.

Yours faithfully,

Encl : As above.

P. Sr. Branch Manager.

t To be deleted where the succeeding para is applicable.

+ To be deleted where preceding para is applicable.