

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
- 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 Details

Kindly fill in BLOCK LETTERS only

Policy Number: -

Name of Policyholder:

Are you a US Citizen or US tax resident? Yes No If yes, please provide Taxpayer Identification Number (TIN): _____

Policyholder Contact Details

Mobile Number (mandatory): Alternate Contact Number:

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

(In case of product change, fresh proposal form 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Name of fund(s) to be withdrawn	Percentage/Amount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 in 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 & payout will be processed, as per policy feature. Please refer policy bonds for details. 2) As per Finance Act 2024, life insurance companies need to deduct tax at source (TDS) 2% on the gains from the payments made on or after 1st October 2024 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%

Pay-out Options (to be filled mandatorily)

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

Name as per Bank Account*:

Bank Account Number: Bank IFSC:

Bank Account Type: Saving Account NRO NRE#

Bank Name:

Bank Branch Name:

Documents to be submitted along with the form:

- (a) Original personalised [account holder(s) name pre-printed] cancelled cheque bearing pre-printed account number and Bank IFSC.
(b) If the cheque is not personalised, Bank Statement / Bank pass book bearing pre-printed account number, account holder name, and Bank IFSC.
- 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:

- Copy of valid passport
- NRE bank account statement / bank pass book showing premium(s) paid through NRE account since policy inception

Please Note:

- Bank account holder name and policy holder name should be the same.
- 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 bank account. 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 Account*:

Bank Account Number: Bank IFSC:

Bank Account Type: Saving Account NRO

Bank Name:

Bank Branch Name:

Documents required for alternate NRO/ saving bank account:

- Original personalised [account holder(s) name pre-printed] cancelled cheque bearing pre-printed account number and Bank IFSC.
- If the cheque is not personalised, Bank Statement / Bank pass book bearing pre-printed account number, account holder name, and Bank IFSC.

Vernacular Declaration

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 in _____ language and I have correctly recorded the answer provided to me. I further declare that the Policyholder has signed/affixed his/her thumb impression in my presence

Declarant's Name:

Declarant's Address:

City State Pin Code

Date: Place: _____ Declarant's Signature:

*The person giving this declaration can be any person other than Introducing Advisor or Manager of Agency (MOA) or Manager of Manager (MOM).

Declaration

I hereby take the sole responsibility for the correctness of my bank account number and other details of this form. I undertake that I will not hold the company responsible in any manner for any transactions affected by the company due to incorrect bank account number or these details stated by me. I understand and agree that the company reserves the right to use any alternative pay-out option including a demand draft payable at par or cheque, in spite of my opting for the electronic payout method.

Date: Place: _____ Signature of Policyholder/Assignee

Bharti AXA Life Insurance Company Ltd. IRDAI Regd. No. 130 dated 14/07/2006 [Life Insurance Business] Unit No. 1902, 19th Floor, Parinee Crescenzo, 'G' Block, BandraKurla Complex, BKC Road, Behind MCA Ground, Bandra East, Mumbai - 400051, Maharashtra, CIN No.: U68010MH2005PLC157108 | Toll free No.: 1800-102-4444 | Website: www.bharti.axa.com | Comp-Dec-2023-6655

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IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.