POLICY LOAN / PARTIAL WITHDRAWAL FORM



Edelweiss Tokio Life Insurance Company Limited | IRDAI Regn. No. : 147 | CIN: U66010MH2009PLC197336 Registered Office: 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070

Policy No.:				Date:	DD MM YYYY
Name of the Policy Holder					No.:
Address:					
					Pin Code:
Dan Cand Na			A = 41= = = = C= =	al NI a	
Pan Card No. (In case annual premium is			Aadhaar Car	a No.	
Please provide bank details	for Direct transfer	into account			
Bank Name:					
Bank Account Holder's Nan	ne:				
Bank Account Number:					
11 Digit IFSC Code:	Il not he responsible in ca	,	,	ur bank or your cheque)	ete/incorrect information provided.
TAX RESIDENCE DECLARATION			ccount or ij transaction is delay	rea or not ejjecteu aue to incompre	ete/meorreet injornation provided.
I am a tax resident of Ind			OR		ntry/ies other than India mentioned
* If you are tax resident of an	other country then p	lease fill in the FATCA	A/CRS form annexed	separately in FATCA / CF	RS Annexure*
Policy Loan					
, the policy holder of the abo	wa mantianad nalisy	agree to the Torms	and Terms & Conditio	nc	
Conditions mentioned in this					his policy shall be granted subject t
policy. following conditions: Request you to advance me a loan of ₹					
repayment of loan and of the interest thereon.					
rupees (iii words)				ill charge interest on the loa be of variable nature and com	n at the current applicable rate. The
OR Maximum Amount as I	loan against policy		- Any amount rece	eived by the company for the r	epayment of loan will be adjusted firs
(In case the Loan amount req	uested is not availabl	e, we will be paying		standing interest and balance e principal amount.	e if any, will be directed towards th
maximum Loan amount availa NOTICE OF ASSIGNMENT	bie.)		- In the event of fa	ilure to repay the outstanding	loan amount with equals to or is mor
I further absolutely assign th			ince company withou		be automatically terminated by th ompany shall be entitled to apply th
Company Ltd.: Whose registered office is at "EdelWeiss House, Uff CST Road, Kaling My White is a Company Ltd.: Whose registered office is at "EdelWeiss House, Uff CST Road, known in the control of the company Ltd.: Whose registered of the control					
policy I hereby absolutely and	irrevocably transfer t	he rights and benefit	then the policy		l interest is equal to the value of units and/or money will be payable to th
"Edelweiss Tokio Life Insuran assignment, I, agree that I sh			d of policy holder.		
policy.	an continue to pay t	ne premiums under	7 tilly beliefle paye		Insured, or on the surrender or on th y any outstanding policy loan balanc
			and accumulated	d interests, if any.	
Place			Date		Signature of the Policyholder
Partial Withdrawal			Butte		orginature of the Folloymorael
_	/ Pungos	(In Words)			
Partial Withdrawal of ₹ OR	Maximum Amoun	t.			
Reason For Partial Withdrawal	:				
In case the requested amount i	s not available, we will	be paying the maximu	um amount available. Partia	l withdrawal will be subject to t	erms and condition of policy contract.)
Discharge Receipt					
hereby agree to accept the	ne payout amount	and declare that I	understand and agree t	o all the conditions and ir	nformation given in this form.
For Branch Office Use					Please
Branch Name:					affix Re. 1 revenue
Staff Name:					stamp
				Signature	e of the Policy Holder
Staff Sign:				_	& Sign across the stamp)
Date:	Time:		Pate: D D M M	Y Y Y Y Pla	ce:
			nowledgement Sli		
eceived a request for		for policy no:	:	on DD MM	Y Y Y Y at a.m./p.
		orate Office:			
Edelweiss	Edelv 4th F	weiss Tokio Life Insurand loor, Tower 3, Wing 'B', I			
Tokio	Kirol	Road, Kurla (W), Mumb			

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