



SURRENDER AND PARTIAL WITHDRAWAL FORM

Important instructions for form completion:

Please complete this form in BLOCK CAPITALS. Please do not leave any field blank or incomplete. Any change made on the form should be signed by the Policy Holder. Please ensure that the information provided in this form are correct. Please sign as per signature affixed on the Application Form or as per your updated signature with Orient. Only original, filled and signed form is acceptable. Any unclear instructions will not be processed.

DETAILS OF POLICY HOLDER

Name of Policy holder :	
Policy Number :	Contact Number :
Reason for Withdrawal :	

PAYMENT DETAILS

Method of payment: Crossed Cheque Bank Transfer

Name of Bank :	Branch :
Bank Account No:	Swift Code:
IBAN No:	

EARLY ENCASHMENT (FULL SURRENDER)

I request Orient Insurance to terminate my plan and all the benefits under the plan forthwith. I also request that the surrender value of this plan be paid to me after the encashment deduction as determined by Orient. I herewith return / have already returned the policy documents to Orient / Bank

PARTIAL WITHDRAWAL

I request Orient Insurance to partially withdraw my policy and pay an amount of AED / USD _____ / _____ % (percent) from the policy

Important Notes :

- Partial withdrawals are subject to such minimum and maximum amount / percentage, as Orient may from time to time determine. Orient reserves the right to charge for withdrawals and encashment deduction.
- In case, the plan is having any additional single contribution investment then upon partial withdrawal the amount will be withdrawn first from top-up units then from basic units. (applicable for ULIP policies)
- Payable amount under partial withdrawal will be processed after the deduction of applicable charges if any.
- In case of bank transfer, transfer charges will be levied subject to a minimum of AED 25/-
- Following withdrawals the protection benefits would be reduced by the amount of the encashment or in proportion to the amount that the withdrawal bears to the total value of the personal investment account

Declaration

I acknowledge that the payment of the requested amount as Policy Holder mentioned above will discharge Orient from all liabilities and responsibilities in case of full surrender. I certify that I am entitled to the proceeds of this plan and the plan has not been assigned or transferred, nor any other person has the right to the plan

Date :
Place :

Signature of Policy Holder