

IN THIS POLICY, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER*

Request for Surrender reversal form (ULIP Policy)

Policy No

Policyholder's Name _____

Add1 _____ Add2 _____

Add3 _____ Landmark _____ City _____

State _____ Country _____ Pincode _____

Email ID _____ Mobile No. _____ Landline _____

I/We, _____ understand and undertake that the total Surrender Value plus Surrender Charges (if any) shall be allocated towards purchasing units, based on the NAV as on the acceptance and approval date by Tata AIA Life Insurance Company Ltd.

I/We understand and agree that transaction in Unit link policies involves debit/credit of units and any Gain or Loss (if any) arising out of this transaction will be borne by me/us.

Reason for surrender reversal _____

PAN Number of Policyholder (attach copy of PAN Card)

Required, if amount remitted is greater than or equal to ` 50000

Request for Surrender reversal form (Non - ULIP Policy)

Policy No

Policyholder's Name _____

Add1 _____ Add2 _____

Add3 _____ Landmark _____ City _____

State _____ Country _____ Pincode _____

Email ID _____ Mobile No. _____ Landline _____

I/We, _____ request for reversal of surrender request already submitted by me. The cheque received by me has been submitted along with this request.

Reason for surrender reversal _____

PAN Number of Policyholder (attach copy of PAN Card)

Required, if amount remitted is greater than or equal to ` 50000

Health Declaration (to be filled for ULIP & Non ULIP policy)

I/We also declare that there has been no material change in my circumstances, including but not limited to, changes in my health, employment, financial circumstances

If there has been any change please specify _____

I/We, understand that (i) the Company may be unable to process this request, if, I/We, fail to provide any material information as requested upon by the Company and (ii) I/We, have the right to ensure correction of any personal information supplied by me/us to the Company. I/We understand and agree that Tata AIA Life Insurance Company Ltd has the right to reject this request.

Signature of Insured

DD/MM/YYYY

Signature of Policyholder/Assignee/Trustee (if other than insured)

DD/MM/YYYY

DECLARATION IN CASE THE PROPOSED INSURED / POLICYHOLDER IS ILLITERATE OR SIGN IN VERNACULAR:

I _____ (name) with _____ (identity type) _____ (identity number) hereby declare that I have explained the contents of the Request for Surrender reversal to the Policy Insured/ Policyholder in _____ language and that the Policy Insured/ Policyholder has signed / affixed/ his/ her thumb impression on the Request for surrender reversal form after fully understanding the contents thereof.

Signature of the witness _____ Signature/Thumb Impression of Insured/Policyholder _____

NOTE: 1) All signatures must be in blue ink. Names should be written as they appear in our record.

2) The witness has to be 21 years old and above, who is not the beneficiary of this policy.

In case of juvenile policies, signature of the Policyholder is required. *Applicable only to Unit Link Policies.

In respect of request for surrender reversal form and the surrender cheque received on or before 3.00 pm by the company, the closing NAV of the day on which the surrender reversal form and the surrender cheque is received shall be applicable. If the intimation is received on Saturday, Sunday, Public Holiday or after 3.00 pm, NAV of the next working day will be applicable

Tata AIA Life Insurance Company Limited (IRDA Regn. No. 110) (CIN - U66010MH2000PLC128403)

Registered & Corporate office: 14th Floor, Tower A, Peninsula Business Park, Senapati Bapat Marg, Lower parel, Mumbai 400013

For more information, contact your advisor or call on our Helpline No's 1-800-267-9966 (toll free) or 1-860-266-9966 (local charges apply) or SMS "Service" to 58888 or e-mail us at customercare@tataaia.com or visit our website www.tataaia.com