

APPLICATION FOR LOAN AGAINST POLICY

Policy Number	Date D D M M Y Y Y Y	
Name of Policyholder (Proposer) Salutation First Name	Surname	
Contact No.		
STD Residence ISD Mobile		
STD Office Extn.		
E-mail ID (Personal)		
(Official)		
All fields are mandatory. (Atleast one contact no. is mandatory for processing your request. The contact details mentioned above will be updated for http://www.communication.com/www.communication.com/www.com/		
elA No.		
Dear Sir / Madam,		
I, the holder of the above mentioned policy hereby apply for a loan against this policy, on the Terms & Conditions mentioned in		
this form and such other conditions as may be prescribed by the company from time to time.		
Request you to grant me a loan of amount as selected below:		
Amount Rs. (in words)		
Or Maximum amount available as loan against policy.		
Note: Company will not be able to release the payment towards your request in case of premium paid by you is pending for realization from your bank. Also, you will not be entitle for any penal interest on account of delay in releasing the payout due to pending realization.		
NOTICE OF ABSOLUTE ASSIGNMENT AGAINST VALUABLE CONSIDERATION		
I, the holder of this policy, absolutely transfer and assign the rights and benefits of the said polic	cy in favor of the Future Generali India	
Life Insurance Company Limited against the above said loan.		
Signature of policy holder		
INDEMNITY CUM UNDERTAKING AND TERMS & CONDITIONS		
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Future Group's and Generali Group's liability is restricted to the extent of their shareholding in Future Generali India Life Insurance Company Limited. (IRDAI Regn. No.: 133) (CIN:U66010MH2006PLC165288). Regd. Office & Corporate Office address: Unit 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai - 400083 | Fax: 022-40976600 | Email: care@futuregenerali.in | Call us at 1800 102 2355 | Website: life.futuregenerali.in

INDEMNITY CUM UNDERTAKING AND TERMS & CONDITIONS

- 6. In the event of the failure to repay the loan when required or to pay interest, the policy shall be terminated by the Company without giving any notice, and the Company shall be entitled to apply the Surrender Value towards repayment of the interest, principal and expenses; balance remaining of the Surrender value, if any, shall be paid to the policyholder.
- 7. In the event of an application for a subsequent loan under the Policy, eligibility for such loan shall be calculated after tking into consideration the outstanding loan and interest, if any, on the existing loan and in no event the aggregate loan granted shall exceed the overall eligibility under the above Policy.
- 8. In case the Policy shall attain maturity or become a Claim due to death or any supplementary benefit and when the amount of the loan or any portion thereof is outstanding, the Company shall be entitled to deduct such an amount together with all interest upto the date of maturity, or of death, or of the event under the supplementary benefit; as the case may be from the Policy Moneys and balance only shall become due and payable.
- 9. I agree and undertake to reimburse the amount of any losses or liabilities arising out of any matter that may arise to the Company on account of any breach of any of the statutory provisions or terms of assignment by me in connection with this loan. I also agree and undertake to protect the Company, its representatives, officers, directors against any demand of whatsoever nature and /or any loss incurred by the Company in connection with any issue pertaining to the abovementioned policy and the amount of such losses/damages may be recovered from my estate.
- 10. I acknowledge that the assignment shall be completed and effectual only upon the execution of this endorsement.
- 11. I also acknowledge that the assignment shall not be operative as against the Company until a notice in writing of this assignment and either the said endorsement or the instrument itself or a copy thereof certified to be correct by both the assignor and the assignee or their duly authorized agent has been delivered to the specified office of the Company.
- 12. I hereby declare that receipt of benefits arising under the policy by the Assignee/ Company, shall be valid and sufficient fo discharge of the said loan.

DECLARATION FOR POLICYHOLDER SIGNING IN VERNACULA	R LANGUAGE / THUMB IMPRESSION
Name of Witness	Contact no.
Witness Address	
Signature of Witness	Signature (Thumh impression of Deliguhelder
Signature of Witness Signature / Thumb impression of Policyholder	
Date DDMMYYYY	Date DDMMYYYYY
	Place

Signature of policy holder

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