

DEED OF RELINQUISHMENT

(To be notarized on a Franked Document or Stamp Paper of Rs.500 for Maharashtra and Rs 200 for outside Maharashtra) draft for multiple heirs

This deed of Relinquishment made this _____ day of _____ at _____ by _____ residing at _____

(hereinafter referred to as the "Relinquisher/s")

Whereas the Aditya Birla Sun Life Insurance Company Limited (hereinafter referred to as the "Aditya Birla Sun Life") has on _____ issued a policy of life insurance numbered _____ to _____ (hereinafter referred to as the "Proposer/Policyholder" on the life of _____ (hereinafter called the Life Assured)

The proposer has died intestate on _____ leaving the following legal heirs:

- 1 _____
- 2 _____

The said life insurance policy has become part of the estate of the proposer to which the Relinquisher/s is/are entitled as the legal heir/s of the Proposer.

On the death of the Proposer, Mr/Ms. _____ (Proposed Policy Owner) has approached Aditya Birla Sun Life Insurance Company Limited to continue and keep in force the said policy of life insurance by payment of all premiums falling due after the death of the Proposer and Aditya Birla Sun Life Insurance Company Limited has expressed its agreement to the said proposal. Provided all the legal heirs of the deceased Proposer unequivocally relinquish all their rights, title and interest to or under the said life insurance policy.

Signature of the Proposed Policy Owner/

I/We hereby declare that we are the only legal heirs of the deceased Proposer. I/we hereby unequivocally relinquish all my/our rights, title and interest to or under the said Policy. I further agree to indemnify ABSLI, its successors and assigns of and from all claims, actions and proceedings to which it shall be subject to in case the declaration mentioned herein are found to be false and incorrect.

I/We, the Relinquisher/s, hereby renounce all my/our rights, title and interest to or on the said policy and further undertake that neither I/We nor anyone claiming through me/us shall have any claim on the said policy of life insurance or on any sum of money payable there under at any time during the currency of the Policy or on a claim arising there under.

Dated at _____ this _____ day of _____ 20_____.

Signature of all Class one Legal Heirs of deceased Proposer/Policyholder

Name and Address of the Witness: _____

Signature of the Witness