

Life Insurance

Aditya Birla Sun Life Insurance Company Ltd.



**ADITYA BIRLA
CAPITAL**

PROTECTING INVESTING FINANCING ADVISING

Aditya Birla Sun Life Insurance Company Limited

Discharge Receipt for Transfer Of Equitable Interest (Gratuity/Superannuation)

(To be completed by Trustees of the Scheme from which Transfer is to be made)

Mr./Ms. _____ has ceased to be a Member of _____
_____ Scheme with effect from _____ by virtue of his having left the Services of
M/s _____ and has now become member of M/s _____
with effect from. _____ Mr./Ms. _____ desires to transfer
his/her equitable interest in the _____ corresponding to the contribution paid on his behalf by
M/s _____ to _____ Scheme.

WE, THE TRUSTEES OF _____ Scheme have obtained the Consent of
M/s _____ and of the Revenue Authorities to effect such a Transfer and have also ascertained
from the Trustees of _____ Scheme that they are willing to accept such a Transfer.

We, hereby authorize Aditya Birla Sun Life Insurance Company Limited to effect the transfer of Equitable Interest in
respect of Mr./Ms. _____ secured by the Contributions paid by M/s _____
in accordance with the provisions of the Rules of _____ Scheme to the Trustees of
_____ Scheme.

We further agree and declare that such a Transfer shall constitute a complete, sufficient and valid discharge to Aditya
Birla Sun Life Insurance Company Limited in full satisfaction of all our claims under the Policy No. _____
in respect of the Mr./Ms. _____ and confirm that we will not hold Aditya Birla Sun Life
Insurance Company Limited liable for payment of the above claim, under whatsoever circumstances.

Signature of Witness _____

Name of Witness _____

Date

Place _____

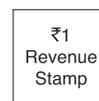


_____ For and on behalf of the Policyholder

I, Mr./ Ms. a member of the _____ Scheme/Fund hereby request the Trustees
of the said Fund to transfer the value of the benefits secured under the Assurance/Annuities by the Contributions paid by
M/s. _____ on my behalf upto the date of my leaving the said company on (date of leaving
service), to the Trustees of _____, of which I have become a Member, having joined their
Services with effect from _____. In consideration whereof, I hereby agree and declare that this
authority and the transfer made in pursuance of such authority shall constitute a complete and sufficient discharge in full
satisfaction of all my claims and rights secured by the Contributions paid by M/s. _____.

Date

Place _____



_____ Signature

Aditya Birla Sun Life Insurance Company Limited
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1800-270-7000

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