Birla Sun Life Insurance

FREE LOOK REQUEST FORM

Any alterations/corrections made in the form need to be signed by the policy owner. Please use a separate request form for each policy.

Request Type: (whichever applicable)

☐ FREELOOK CANCELLATION ☐ FREELOOK CHANGES Date: d d m m y y y y Application/Policy Number

Name of the Policyholder: Title First Name Middle Name Surname

Date of receipt of Original Policy Document: d d m m y y y y Insurance Advisor's Details Title First Name Middle Name Surname

FREELOOK CANCELLATION

CHECKLIST

- ☐ Original policy document including First Premium Receipt
- ☐ Indemnity bond in lieu of original policy document
- ☐ Cancelled Cheque with Pre-printed name of the policy owner, Bank statement/Passbook copy incase NEFT details are not provided
- ☐ Any other documents, pls. specify _____

REASON FOR CANCELLATION

- ☐ Product/policy does not meet my expectations
- ☐ Premium amount not as agreed/understood
- ☐ Financial reasons
- ☐ Others, please specify _____

FREELOOK CHANGES

Details of changes opted for: ☐ Change in Plan ☐ Any other changes

CHECKLIST ☐ Original policy document including First Premium Receipt ☐ Indemnity bond in lieu of original policy document ☐ Fresh Illustration ☐ Fresh Application with Illustration ☐ Any other documents, pls. specify

REASON FOR CHANGES ☐ Premium amount not as agreed/understood ☐ Financial reasons ☐ Others, please specify _____

1) I hereby declare that i have evaluated the options of partial withdrawal and policy loan before making this application and found that the same do not meet my requirements. Futher, I also understand that the benefits of policy continuity and that the applicable policy charges reduce after the initial lock in period. I confirm that i have read and understood all the relevant policy provisions and guidelines and their consequences.
2) I hereby understand that as per the terms and conditions of the policy document, Freelook option can be availed by me within T+15 days (30 days in case the policy issued under the provisions of IRDA Guidelines on Distance Marketing[1] of Insurance products)(T is the date when the policy documents is received by me) and that Birla Sun Life Insurance Company Ltd. reserves the rights to reject the freelook request if the condition as specified in the policy document is not fulfilled.
   I hereby undertake to abide by all the terms and conditions of the policy document. (1) Distance Marketing includes every activity of solicitation (including lead generation) and sale of insurance products through voice mode, SMS electronic mode, physical mode (like postal mail) or any other means of communication other than in person.
3) I hereby agree to accept the Free-look value as per the policy contract and discharge Birla Sun Life Insurance Company Limited in full satisfaction under this policy, and understand that no further claims will be payable.
4) I declare that i have not availed any Freelook option earlier for the above stated Application.
5) I also declare that i have submitted the necessary requirements to process my request as mentioned in the checklist.

Discharge Receipt: I hereby agree to accept the surrender value and declare that I understand and agree to all the conditions and information given in this form.

Signature of Policy Holder/ Assignee in case the policy is assigned

Date d d m m y y y y

Place: _____

Please Affix ₹1 Revenue Stamp and Sign Across

IMPORTANT GUIDELINES

- If application for Unit Linked Product is received up to 3:.00 pm IST on a weekday (Mon-Fri), the same day's unit value will be applicable. However, if the application is received after 3:00 pm IST, then the next declared NAV will be applicable.
- Please note, the Freelook payout would be credited to the account from which the initial premium was remitted by you. The payment will be made to the Policy Owner's account for cases wherein the payor and the owner would be different. In case that account is of a bank which does not have NEFT facility, we will issue a cheque towards the payout. Such cheques will be account payee cheque with the account details printed on it.
- **Freelook:** Any NAV fluctuations as a result of the freelook refund will be passed on to the policyholder.
- We reserve the right to reduce the amount of refund by proportionate Risk Charges and expenditure incurred by us in using your policy and as permitted by applicable IRDA guidelines.
- In case of new Electronic Insurance Account (EIA), Freelook period would be effective from:
  The date of receipt of the 'welcome kit' from the Insurance Repository (IR) with the credentials to log on to the EIA
  or
  The delivery date of the email confirming the grant of access to the EIA
  or
  The delivery date of the email confirming the credit of the Insurance policy by the IR to the EIA, whichever is later shall be reckoned for the purpose of computation of the 'Free-look' period.
- Existing Electronic Insurance Account (EIA): For the purpose of computation of commencement of "Free Look Period", the date of delivery of the email confirming the credit of the Insurance policy by the IR shall be reckoned as the starting date of 15 days period.

Birla Sun Life Insurance will not be responsible in case of non-credit to customer's account or transaction is delayed or not effected at all for reasons of incomplete/incorrect information to customer's account or if transaction is delayed or not effected at all for reasons of incomplete/incorrect information .

For Branch Use Only

- ☐ Free-Look period verified (The date on which Policy Document received by the Client + 15 days)
- ☐ Verification of the Client's signature on the request form with the Application form
- ☐ The entire questions in the request form has been filled, signed & dated by the client
  - Policy Document Received by Customer d d m m y y y y
  - Free Look Request Received Date d d m m y y y y

Name & Sign of the branch official:

Branch Name:

Date:

Time:

Branch Stamp

FOR HEAD OFFICE USE ONLY (FREE-LOOK VERIFICATION)

Policy Document Received Date: _____
Client Request Received Date: _____
Free-Look End Date: _____
Branch Received Date: _____
Free-Look Status: Within Free-Look / Out of Free-Look
Signature Verification: Verified / Mismatch
Type of Request: _____
Effective Date: _____
Closure Date: _____

Acknowledgement Slip ☐ Free-Look Cancellation ☐ Free-Look Changes

Please collect stamped, signed and duly filled acknowledgement slip, which you can refer to for all your communication in regard to this request.

We hope you have evaluated all the benefits of continuing with your policy prior to making this application and hope that you will reconsider our products in the near future.

Application/Policy Number

Name of Policy Holder

Branch: _____ Received by: _____ Date Stamp and Time

Birla Sun Life Insurance Company Limited
Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1, 16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013.
Write to us: G Corp Tech Park, 6th Floor, Kasar Wadavali, Ghodbunder Road, Thane - 400601. Contact Us: 1800-270-7000 (Toll Free), Tel. No. 6723 9100.
Email: customerservice@birlasunlife.com | www.insurance.birlasunlife.com | Corporate Identity Number: U99999MH2000PLC128110.
Insurance is a subject matter of solicitation. **Note:** Please produce this acknowledgement slip for any communication with regard to this request in future.

Birla Sun Life Insurance

PRP No. FOR/9/14-15/7390