

## FREE-LOOK REQUEST FORM

(Kindly fill in Block Letters)

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

<b>Request Type:(Whichever applicable)</b>		Application/Policy Number															
<input type="checkbox"/> FREELook CANCELCATION	<input type="checkbox"/> FREELook CHANGES	Date:						D	D	M	M	Y	Y	Y	Y		
Name of the Policyholder		Title		First Name			Middle Name			Last Name							
Date of receipt of Original Policy Document										D	D	M	M	Y	Y	Y	Y

In case of any changes in your communication details,  
kindly update your LATEST contact information along with self attested valid KYC documents

Mailing Address													
Contact Details		Telephone no.(O)			Telephone no.(R)			Mobile No.(Mandatory)					
Email id													
<input type="checkbox"/> Yes, I have submitted self attested KYC Docs Declaration by Policyholder: I hereby understand that as per the terms and conditions of the policy document, Free-look option can be availed by me within T+15 days (T is the date of receipt of policy pack by me) and that IFLI reserves the right to reject the free-look 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. I hereby agree to accept the Free-look value as per the policy contract and discharge IFLI in full satisfaction under this Policy.													
Policyholder's Signature:										Date:			
										Place:			

### FREE-LOOK CANCELCATION

CHECKLIST	<input type="checkbox"/> Original Policy Pack	<input type="checkbox"/> Indemnity Bond in lieu of Policy Pack
	<input type="checkbox"/> Cancelled cheque with pre-printed name of the account holder /Bank statement/Pass book Copy duly attested by Bank and policy holder	
REASON FOR CANCELCATION	<input type="checkbox"/> Product does not meet my requirements	<input type="checkbox"/> Currently no requirement
	<input type="checkbox"/> Financial reasons	<input type="checkbox"/> Premium amount not as understood
	<input type="checkbox"/> Others, please specify _____	

### FREE-LOOK CHANGES

DETAILS OF CHANGES	<input type="checkbox"/> Change in Plan	<input type="checkbox"/> Change in Sum Assured	<input type="checkbox"/> Change in Premium Amount
	<input type="checkbox"/> Others, please specify _____		
CHECKLIST	<input type="checkbox"/> Original Policy Pack	<input type="checkbox"/> Indemnity Bond in lieu of Policy Pack	
	<input type="checkbox"/> Cancelled cheque with pre-printed name of the account holder /Bank statement/Pass book Copy duly attested by Bank and policy holder		
	<input type="checkbox"/> Fresh Application with Illustration	<input type="checkbox"/> Fresh Illustration	
	<input type="checkbox"/> Other documents, please specify _____		
REASON FOR CHANGES	<input type="checkbox"/> Product does not meet my requirements	<input type="checkbox"/> Currently no requirement	
	<input type="checkbox"/> Financial reasons	<input type="checkbox"/> Premium amount not as understood	
	<input type="checkbox"/> Others, please specify _____		

### PAYMENT DETAILS

Bank Name													
Bank Address													
Bank Account Number													
IFSC Code						MICR Code							
Bank Account Holder's Name													
<input type="checkbox"/> Yes I have attached a cancelled cheque with pre-printed name of the account holder/self attested Bank statement or Pass book copy duly attested by Bank													
<b>Note:</b> IFLI will not be responsible in case of non-credit to customer's account for reasons of incomplete/incorrect bank account information provided by Customer.													

FOR BRANCH USE ONLY			
Name and Sign of the Branch official			
Branch Name			
Date		Time	

Important Guidelines
<p>1 If application for Unit Linked Product is received upto 3 p.m. IST on a weekday, same day's NAV will be applicable. However, if the application is received after 3 p.m. IST, then next declared NAV will be applicable.</p> <p>2 Please update your latest communication details, as all future communication will be sent to the address mentioned on this form. The Company will not be liable for any loss arising from non receipt of communication.</p> <p>3 It is mandatory to fill in the payment details section in this form.</p> <p>4 IFLI reserves the right to reduce the amount of the refund by expenses incurred by us in issuing your policy and as permitted by IRDA regulations</p>