

UNCLAIMED PAYOUT 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.

Payout Type:(Whichever applicable)(Mandatory)				Application/Policy Number																			
<input type="checkbox"/> Surrender	<input type="checkbox"/> Partial Withdrawal	<input type="checkbox"/> Free-Look	<input type="checkbox"/> Maturity									<input type="checkbox"/> Death Claim											
<input type="checkbox"/> Survival Benefit	<input type="checkbox"/> Premium Refund	<input type="checkbox"/> Others, please specify _____																					
Name of the Policyholder				Title			First Name				Middle Name				Last Name								
Date																D	D	M	M	Y	Y	Y	Y

Kindly update your LATEST contact information along with self attested valid KYC documents (Mandatory)																							
Mailing Address																Pincode							
Contact Details																Telephone no.(R)				Telephone no.(O)			
																Mobile No.(Mandatory)							
Email id																Pan Card No.							
<input type="checkbox"/> Yes, I have submitted self attested Address proof (Passport/Ration card/Aadhar letter/Bank Passbook/Driving License/Verified copies of Registered Lease and License agreement /Agreement for sale)										<input type="checkbox"/> Yes, I have submitted self attested Photo ID proof (Pan Card Copy/Aadhar Card/Driving License)													

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															
Note: 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.															

Declaration by Policyholder/Nominee															
I hereby declare that I am rightful owner/nominee of this policy and understand that this payout is due to me as per the terms and conditions of the policy contract. In this regard, I hereby provide complete KYC details of self and undertake to abide by all the terms and conditions of the policy contract. IFLI reserves the right to reject the request if the condition as specified in the policy document is not fulfilled. I hereby agree to accept the amount due and as declared unclaimed in the web site of IFLI as per the policy contract and discharge IFLI in full satisfaction under this Policy.															
Policyholder's/ Nominee Signature										Date				Place	
										D				D	
										M				M	
										Y				Y	
										Y				Y	

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

Important Guidelines															
1 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.															
2 It is mandatory to fill in the payment details section in this form and attach a cancelled cheque with pre-printed name of the account holder/self attested Bank statement or Pass book copy duly attested by Bank.															
3 IFLI reserves the right to reduce the amount of the refund or adjust against expenses incurred if any.															