Star Union Dai-ichi
LIFE INSURANCE

FUND SWITCH / PREMIUM REDIRECTION REQUEST FORM

IRDA REGN. NO. 142

POLICY DETAILS

Policy No.:

Name of Policyholder:

Phone No.: Mobile No.:

Email ID:

DECLARATIONS

☐ I would like to request that my CURRENT fund holdings for the above policy number be invested in the proportion as mentioned below (Fund Switch)*

☐ I would like to request that my FUTURE premiums for the above policy number be invested in the proportion as mentioned below (Premium Redirection)**

Individual Life - Fund Names	Segregated Fund Identification Number (SFIN)	Fund Switch* New Percentage	Premium Redirection** New Percentage
Balance Fund	ULIF 001 18/02/09 SUD-LI-BL1 142		
Equity Fund	ULIF 002 25/02/09 SUD-LI-EQ1 142		
Growth Fund	ULIF 003 25/02/09 SUD-LI-GR1 142		
Bond Fund	ULIF 004 25/02/09 SUD-LI-BN1 142		
Apex Equity Fund	ULIF 009 20/01/10 SUD-LA-EQ1 142		
Apex Growth Fund	ULIF 010 20/01/10 SUD-LA-GR1 142		
Apex Balance Fund	ULIF 011 20/01/10 SUD-LA-BL1 142		
Apex Bond Fund	ULIF 012 20/01/10 SUD-LA-BN1 142		
Express Balance Fund	ULIF 017 29/04/11 SUD-LX-BL1 142		
Individual Life – Bluechip Equity Fund	ULIF 019 11/12/13 SUD-LI-EQ2 142		
Individual Life – Income Fund	ULIF 020 11/12/13 SUD-LI-BN2 142		
Individual Life – Growth Plus Fund	ULIF 023 11/12/13 SUD-LI-GR2 142		
Individual Life – Balanced Plus Fund	ULIF 024 11/12/13 SUD-LI-BL2 142		
Individual Pension - Fund Names			
Balance Fund	ULIF 007 31/03/09 SUD-PI-BL1 142		
Equity Fund	ULIF 005 31/03/09 SUD-PI-EQ1 142		
Growth Fund	ULIF 006 31/03/09 SUD-PI-GR1 142		
Bond Fund	ULIF 008 31/03/09 SUD-PI-BN1 142		
Apex Equity Fund	ULIF 013 20/01/10 SUD-PA-EQ1 142		
Apex Growth Fund	ULIF 014 20/01/10 SUD-PA-GR1 142		
Apex Balance Fund	ULIF 015 20/01/10 SUD-PA-BL1 142		
Apex Bond Fund	ULIF 016 20/01/10 SUD-PA-BN1 142		
Total		**100%**	**100%**

Fund Switch*: Allows re-balancing your Investments as per your risk profile and needs. However, this will NOT redirect your future regular premiums automatically. Minimum Allocation percentage per Fund selected should be 10% of the allocable funds with a maximum of 100%. Charges will be levied as per product Terms & Conditions.
Premium Redirection:** Allows you redirect your future regular premiums into a different allocation pattern than your current allocation pattern as per your risk profile and needs. This will NOT, however, rebalance your current investments. The change will be applicable for all future regular premiums from the date request is received.
Request for Fund Switch /Premium Redirection is acceptable subject to cut-off rules as defined by IRDA. Charges will be levied as per product Terms & Conditions.

I confirm having read all the relevant policy provisions before making this application and having understood them and its consequences.

Name of Policyholder:

Signature of the Policyholder: Date: D D M M Y Y Y Y

DECLARATION TO BE MADE BY A THIRD PARTY IF:

The policyholder has affixed thumb impression OR The policyholder has signed in vernacular OR The policyholder has not filled the Application.

I, Mr./Ms./Dr.

Address

having known the policyholder for a period of ☐☐ (month/years); do declare that I have explained the contents of this form to the policyholder in his/her language and have truthfully recorded the answers provided by him/her. I further declare that the policyholder has affixed his signature/thumb impression in my presence.

Signature of Declarant: Date: D D M M Y Y Y Y

FOR BANK/BRANCH USE ONLY

Employee ID:

Branch Name:

Date and Time: D D M M Y Y Y Y H H : M M

Signature & Stamp:

www.sudlife.in

Star Union Dai-ichi
LIFE INSURANCE

IRDA REGN. NO. 142

ACKNOWLEDGEMENT SLIP

Application No./Policy No.: Request Type:

Thank you for choosing Star Union Dai-ichi Life Insurance. Your request will be processed in maximum of 10 working days subject to documents being complete.

Name of Policyholder:

RO/AO/BSC Name:

Date and Time: D D M M Y Y Y Y H H : M M Signature & Stamp: