Star Union Dai-ichi LIFE INSURANCE

IRDA REGN. NO. 142

POLICY SERVICING REQUEST FORM

Instructions:

- For change in Surname of a married woman; copy of Marriage Certificate is required.
- For all other requests involving name change a Gazette notification is required.
- All the supporting documents should be counter signed/self attested by the Policyholder(mandatory).

POLICY DETAILS

Policy No.1: Policy No.2: Policy No.3:

Name of Policyholder:

CHANGE IN NAME

☐ Policyholder ☐ Life Assured ☐ Nominee/Beneficiary ☐ Appointee

Name to be changed to

CHANGE IN CORRESPONDENCE ADDRESS

Flat/Plot No.: Building Name:

Road: Landmark:

City/District: State: Pin Code:

Contact No.: Email ID:

• Self Attested proof is mandatory • The change will be effected in all the policies under the same Client ID

CHANGE/ADDITION OF NOMINEE/BENEFICIARY

Nominee/Beneficiary Name:

Nominee's Date of Birth: D D M M Y Y Y Y Nominee/Beneficiary Relation to the Life Assured:

Flat/Plot No.: Building Name:

Road: Landmark:

City/District: State: Pin Code:

Contact No.: Email ID:

Please fill Appointee details if Nominee/Beneficiary is a Minor/ Nomination percentage cannot exceed 100% / Submit Photo ID proof of Nominee attested by the Policyholder.

CHANGE/ADDITION OF APPOINTEE (TO BE FILLED IF NOMINEE IS MINOR)

Appointee Name:

Appointee's Date of Birth: D D M M Y Y Y Y Appointee Relation to Nominee:

Flat/Plot No.: Building Name:

Road: Landmark:

City/District: State: Pin Code:

Contact No.: Email ID:

Please submit Photo ID proof of Appointee attested by the policyholder

Declaration by new appointee: (to be filled in case of change of appointee): *I hereby accept my appointment as an Appointee in terms of Section 39 of Insurance Act.*

Appointee's Signature: Place: Date: D D M M Y Y Y Y

www.sudlife.in

Star Union Dai-ichi LIFE INSURANCE

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:

Star Union Dai-ichi LIFE INSURANCE

POLICY SERVICING REQUEST FORM

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DUPLICATE POLICY DOCUMENT

Reason of requesting duplicate policy:

☐ Document Lost/Misplaced

☐ Document Damaged

☐ Document Not Received

In case the reason is ticked as 'Document Damaged', please submit the original policy bond along with this request.

CHANGE / UPDATION OF PAN

PAN Card No.: ☐☐☐☐☐☐☐☐☐☐

Self attested PAN card copy by the policyholder is mandatory.

DECLARATION BY POLICYHOLDER

I confirm that I have read and understood all the relevant details mentioned in this form.

Name of Policyholder:

Contact No.: Email ID:

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

DECLARATION TO BE MADE BY 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: Place: 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: