

REFUND REQUEST FORM PAGE | 1

TYPE OF REQUEST

- Free Look** (Submission of original policy document/indemnity bond is mandatory)
- Policy Withdrawal [Refund of premium amount paid]**
- Excess Premium Refund**
- Unclaimed Amount (Individual/Group)**

Application No. _____ Policy No. _____ COI No. (Group Policy) _____

Name of Policyholder [Grid]

Name of Nominee [Grid]

ADDRESS AND CONTACT DETAILS (SELF ATTESTED KYC DOCUMENTS MANDATORY)

Flat/Plot No.: [Grid] Building Name: [Grid]

Road: [Grid] Landmark: [Grid]

City/District: [Grid] State: [Grid]

Pin Code: [Grid] Phone No.: [Grid]

Email ID: [Grid]

Pan Card: [Grid]

- Address proof (self attested submitted)
- Photo ID proof (self attested submitted)

BANK ACCOUNT DETAILS (Mandatory)

Bank Name: [Grid]

Branch Name: [Grid]

Bank A/C No.: [Grid] Type of Account [Grid]

IFSC Code: [Grid] MICR Code: [Grid]

Account Holder's Name: [Grid]

- Cancelled cheque with pre-printed name of the account holder / Self attested Bank Statement / Pass Book attested by bank submitted

DECLARATION BY POLICYHOLDER/NOMINEE

I hereby declare that I am the rightful policyholder/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 regards, I hereby provide complete KYC details of self and undertake to abide by all the terms and conditions of the policy contract. Star Union Dai-ichi Life reserves the right to reject the request if the condition as specified in the policy document is not fulfilled.

Signature of Declarant: _____ Place: _____ Date: _____

DECLARATION TO BE MADE BY A THIRD PARTY IF:

Policyholder/Nominee has affixed thumb impression OR Policyholder/Nominee has signed in vernacular OR Policyholder/Nominee has not filled the Application.

I, Mr./Ms./Dr. [Grid]

Address [Grid]

having known the Policyholder/Nominee for a period of [Grid] (month/years); do declare that I have explained the contents of this form to the policyholder/

Nominee in his/her language and have truthfully recorded the answers provided by him/her. I further declare that the Policyholder/Nominee has affixed his signature/thumb impression in my presence.

Signature of Declarant: _____ Place: _____ Date: _____

REFUND REQUEST ACKNOWLEDGMENT SLIP

Policy No./COI No.: [Grid] Type of Request: [Grid]

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: [Grid]

Name of SUD Life Staff: [Grid]

Date and Time: [DD][MM][YY][YY] [HH]:[MM] Signature & Stamp: [Grid]

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FOR BANK/BRANCH USE ONLY

Name of the staff: _____

Signature: _____

Free-Look verification (The date on which policy document received by the client + 15 days)

Branch Stamp:

Policy Document Received Date:

D	D	M	M	Y	Y	Y	Y
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Client Letter Received Date :

D	D	M	M	Y	Y	Y	Y
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Free-Look End Date:

D	D	M	M	Y	Y	Y	Y
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Branch Received Date:

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

D	D	M	M	Y	Y	Y	Y
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H	H	:	M	M
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Free-Look Status: Within Free-Look / Out of Free-Look

IMPORTANT GUIDELINES

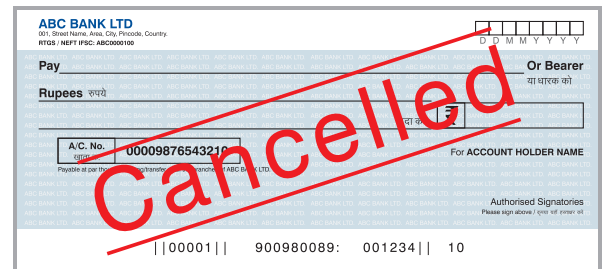
For Unclaimed Amount please visit our website www.sudlife.in and check the "Whats New?" section on the home page. Submit the documents required basis the 'Reason' provided against your policy.

Submit policy document in original including the First Premium Receipt for Free Look cancellation request.

All proofs submitted to be attested by the policyholder and in case of unclaimed amount by the Nominee.

Cancelled cheque with pre printed name of the account holder/Self attested Bank Statement/Pass Book Attested by bank submitted is mandatory.

Documents Required-Unclaimed Amount
<p>Reason - Termination/Excess Premium/Annuity/Surrender</p> <p>1. Cancelled cheque 2. Bank Statement 3. Address Proof 4. Photo Identity Proof 5. Pan Copy 6. Passbook Copy with name, address and account details</p>
<p>Reason - Excess Premium (Group Policy)</p> <p>1. Name of Member 2. Loan Account No. (duly attested by the Bank) 3. Saving Bank Account No. (duly attested by the Bank)</p>
<p>Reason - Claims</p> <p>Requirements for Individual Death Claim (Claims settled but not paid)</p> <ol style="list-style-type: none"> Nominee's Death Certificate. Succession Certificate from Court of Law. Bank Details of the Beneficiary mentioned in Succession Certificate. <p>Requirements for Group Surrender (MRTA) Claims (EFT Rejects)</p> <ol style="list-style-type: none"> KYC of Life Assured Bank Details of the Life Assured - Cancelled Cheque with pre printed name / Bank Pass book copy <p>Requirements for Individual / Group Death Claims (EFT Rejects)</p> <ol style="list-style-type: none"> KYC of Nominee Bank details of the Nominee - Cancelled Cheque with pre printed name / Bank Pass book copy <p>Requirements for Maturity Claims - Non Pension</p> <ol style="list-style-type: none"> KYC of Policyholder Bank details of the policyholder - Cancelled Cheque with pre printed name / Bank Pass book copy Original Policy Document Maturity Discharge Voucher duly filled and signed <p>Requirements for Maturity Claims - Pension</p> <ol style="list-style-type: none"> KYC of Policyholder Bank details of the policyholder - Cancelled Cheque with pre printed name / Bank Pass book copy Original Policy Document Maturity Discharge Voucher duly filled and signed Annuity Option Sheet duly filled and signed Proposal Form duly filled and signed (where Fund Value is equal to or more than 5lacs) Age Proof (where Fund Value is equal to or more than 5lacs)



Customer Service Touch Points:

Toll Free No: 18002008833 or

Land line No: 022 39546300 (Charges apply)

Timing: 8:00 am to 8:00 pm (Mon – Sat)

Email ID: customercare@sudlife.in