

PREMIUM RE-DIRECTION REDIRECTION

I hereby request you to allocate the future premiums in the revised proportion as shown hereunder and I also understand that Fund Redirection will be applicable for the future premium

Fund/ Plan/ Fund Option	Percentage (%)
Total	100%

FATCA/CRS DECLARATION

The information on this form and to the best of my/our knowledge and belief the certification is true, correct and that the Company is relying on this information. I/We understand that the Company is not able to offer any tax advice on CRS/FATCA or its impact. I/We shall seek advice from professional tax advisor. I/We further agree to submit a new form within 30 days if any information or certification on this form becomes incorrect. I/We agree that as may be required by domestic regulators/tax authorities the Company may also be required to report, reportable details to CBDT or close or suspend my account.

Date

Signature of the Policyholder

THIRD PARTY DECLARATION TO BE MADE IF

Policyholder has affixed thumb impression OR Policyholder has signed in vernacular language OR Policyholder has not filled the form.

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/her signature/thumb impression in my presence after understanding the contents.

Date

Signature of the Policyholder

Occupation _____

Address _____

PAN No. _____

Aadhar No. _____

Star Union Dai-ichi Life Insurance Company LimitedRegistered Office: 11th Floor, Vishwaroop I. T. Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai -400 703.Toll Free No.: 1800 266 8833 (9.00 am to 7.00 pm - Mon to Sat) • Email ID: customercare@sudlife.in • Website : www.sudlife.in

IRDAI Regn. No.: 142 • CIN: U66010MH2007PLC174472

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**FOR OFFICE USE ONLY**Signature verified: Yes No

Branch staff signature: _____

Branch Date/Time Stamp
(Affix stamp in this box only)