

FUND SWITCH / PREMIUM RE-DIRECTION REQUEST FORM

POLICY DETAILS																																								
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Are you resident of jurisdic	tion	ou	tsid	e In	ıdia	ī		T	Y	'es	Г	Ť	1	No	T	寸	T						Т	Т	П			П	Т	Т	Ť	Ť	Ŧ	Ť	寸	\exists	一	T	T	一
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(If the answer to any of the	abo	ove	que	stic	on is	s "Ye	s", k	indl	y fil	I FAT	IC/	A/CF	_ RS F	orm)															_								-		
Is Policy Assigned? (Manda			Ė	7	es		Ė	No						uest		nould	d b	e si	igne	ed k	oy th	ne As	ssig	nee	/ N	ОС	of a	Ass	ign	эе										
DEQUEST TYPE				7				_											_		_		_						_											
REQUEST TYPE		_				Ę	, <u> </u>								_																									
Fund Switch Premi	ium	Re-	dire	etic	on	L	_ Fu	ınd S	Swit	tch	an	d Pr	em	ium	Re	e-dir	ec	tior	1																					
Instructions:																																								
 Fund Switch: This is a fact wholly or in part and allo only the current holding) WS	re-k	oalo	iont	ing y	you	r inv	esti	mei	nts d	as I																													and
Premium Redirection: The current allocation patter	nis is	s a f	acil	lity v	whic	ch a	Illov	vs yo	ou t	o m	od																				ent	all	oca	tior	n po	att	ern	thc	an ye	our
3. In case the request form However, if the request for Day.	isr	ece	ive	d by	y 3.0	00 p.	m. c	on a	bu	sine	SS	day	, th	e re	qu	iest:	sho	all k	oe c	iffe	cted	d at 1	he	app	lico	able	NA	4V c	lecl	lare										
4. Redirection is not application	able	in:	sing	jle p	orer	niur	n pl	ans																																
5. The fees/charges for fun	ıd sı	witc	h/p	rem	niun	n re	dire	ctio	n sl	hall	be	cho	arg	ed a	sp	per t	he	rat	tes	sta	ted	in th	ерс	olicy	d d	cu	me	nt.												
6. The total percentage in	Fun	d Sı	witc	:h/re	edir	ecti	ion s	shou	uld (add	to	a to	otal	of 10	00	%.																								
7. If fund switch and premi	um	re-	dire	ctic	n re	equ	est i	s re	ceiv	ved	to	geth	ner,	fund	s b	witc	h r	req	ues	t w	ill be	e pro	ces	sed	fire	st.														
8. Fund switch can be done	e or	ıly if	it is	av.	aila	ıble	unc	ler t	he d	cho	ser	n pla	an. I	Plea	se	refe	er t	he	poli	icy 1	tern	ns &	cor	diti	ons	for	the	e sc	ame)										
9. Request for fund switch/	pre	miu	m r	edir	rect	ion	is a	cce	pta	ble :	suk	ojec	t to	terr	ns	s and	d c	one	ditic	ons	of t	he p	olic	y do	cu	me	nt.													
10. Fund Switch / Premium R	Redi	rect	ion	not	alla	owe	d in	cas	se o	of aç	ge-	bas	ed	inve	st	mer	nt s	stra	teg	у.																				
11. Policy status to be in ford	ce fo	or e	xec	utin	ıg Fı	und	Swi	tch	/ Pr	emi	um	n Re	dire	ectic	n.																									
FUND SWITCH																																								
Fund Switch																																								
I hereby request you to kind	dly e	effec	t th	ne fo	ollc	winç	g Fu	nd S	Swit	ch i	n re	esp	ect	of m	ηy	Poli	су.																							
SWITCH FROM																	SW	/ITC	CH T	0																				
Fund/ Pla	ın/ F	unc	d Op	otio	n						Pe	erce	nto	ıge ((%))						Fun	d/ P	lan	[/] Fu	nd	Op	tior	1					\exists	Р	erc	cer	ntaç	je (%	6)
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REDIRECTION								
I hereby request you to allocate the future premiums in the revised proportion as shown hereunder and I also unders	tand that Fund Redirection	n will be applicable						
for the future premium								
Fund/ Plan/ Fund Option		Percentage (%)						
T. A. d		10.0%						
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 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 days if any information or certification on this form becomes incorrect. I/We agree that as may be required by domestic regulators to report, reportable details to CBDT or close or suspend my account.	. I/We further agree to subm	t a new form within 30						
	Signature of the F	Policyholder						
Date D D M M Y Y Y Y								
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 fo	nrm							
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
I Mr./Ms./DrAddress								
having known the policyholder for a period of \square (month/years); do declare that I have explained the contents of this form to the language and have truthfully recorded the answers provided by him/her. I further declare that the policyholder has affixed his/her si understanding the contents.								
Date D D M M Y Y Y Y	Signature of the f	olicyfloidei						
	Occupation							
	Address							
	PAN No							
	Aadhar No.							
Star Union Dai-ichi Life Insurance Company Lin Registered Office: 11th Floor, Vishwaroop I. T. Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vash Toll Free No.: 1800 266 8833 (9.00 am to 7.00 pm - Mon to Sat) • Email ID: customercare@sudli IRDAI Regn. No.: 142 • CIN: U66010MH2007PLC174472 Trademark used under license from respective owners.	ni, Navi Mumbai -400 7	03. udlife.in						
Protecting Families, Enriching Lives!								

PREMIUM RE-DIRECTION

FOR OFFICE USE ONLY

Signature verified:

Branch staff signature: _

Yes