

NOMINATION FORM

IRDA REGN. NO. 142

IMPORTANT INSTRUCTIONS

- All previous nominations shall be automatically cancelled on execution of this form & the nomination last received by the company shall prevail for registering the same.
- If the nomination is in favor of a minor, an appointee who is a major must be named on this form.
- The company expresses no opinion as to the validity of the nomination.
- Any change in nomination shall only be effective when specifically intimated to the Company and the nomination being updated in our records. In case, the Company is not intimated of the change in nomination, it shall make the payment of the benefits to the nominee registered in its records and shall not be liable for the same in any matter whatsoever.
- The assignment of a policy shall automatically cancel the existing nomination made in the policy in all cases except assignment done in favor of Bank / Financial Institution where the nomination will be temporarily suspended and revived once the policy is re-assigned.
- Please note:
 - On maturity of policy during the life time of the policyholder but after the death of nominee/nominees, the Company shall pay the proceeds to policyholder/his heirs/legal representative/holder of succession certificate, as applicable.
 - If the policyholder nominates his parents/spouse/children/spouse and children, the Company shall pay the proceeds to such nominee (s). These nominees shall be beneficially entitled to the amounts payable by the insurer unless proved that the policy holder, in regard to the nature of his title to the policy, could not have conferred such beneficial title on the nominee (s).
 - If nominee(s) die after the policyholder but before the maturity of the policy, the Company shall pay the proceeds to either
 - Heirs
 - Legal representatives'
 - Holder of succession certificate, as applicable
- Above mentioned provisions shall not apply to any policy to which Section 6 of Married Women's Property Act (MWPA), 1874, applies or at any time has applied except where before or after Insurance Laws (Ordinance) 2014, a nomination is made in favor of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWPA, it should be specifically mentioned on the policy. In such case only, the provision of Section 39 will not apply.
- Nomination will be governed by Section 39 of the Insurance Act, 1938 and amendments thereto from time to time.

POLICY DETAILS

Policy No.:	<input type="text"/>
Name of Policyholder:	<input type="text"/>
Phone No.:	<input type="text"/> Mobile No.: <input type="text"/>
Email ID:	<input type="text"/>
Existing Nominee Name (if any):	<input type="text"/>
PAN No.:	<input type="text"/> Aadhar No.: <input type="text"/>

NOTICE OF NOMINATION

To,
 Star Union Dai-ichi Life Insurance Company Ltd.,
 11th & 16th Floor, Vishwaroop IT Park, Plot No. 34, 35, & 38, Sector 30A off IIP, Vashi, Navi Mumbai – 400 703.

Dear Sir / Madam,

Please make the following change:
 Appointment of Fresh **Nominee(s)/Change of Existing Nomine (s)** as given below

Name of Nominee	Date of Birth	Mobile No. & Email. ID.	Communication Address	PAN No.	Aadhar No.	Relationship with Life Assured	Share%

*In case the nominee is a minor, please fill the Appointee Details
 All the moneys secured by the above mentioned policy shall be paid to the above nominee/s in the event of death.

Star Union Dai-ichi Life Insurance Company Limited

Registered Office: 11th Floor, Vishwaroop IT 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: customercare@sudlife.in | Website: www.sudlife.in | IRDAI Regn. No. 142 | CIN: U66010MH2007PLC174472

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Protecting Families, Enriching Lives!

FATCA/CRS DECLARATION

I, Mr./Ms./Dr. _____ hereby confirm that the information provided above with respect to my residency/ tax residency is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I am aware that I shall be liable for it. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. I/We further agree to submit a new form within 30 days if any information or certification on this form becomes incorrect or if there is any change/ modification to the information in future and also undertake to provide any other additional information as may be required at your end or by domestic or overseas regulators/ tax authorities. I/ We understand that the Company is not able to offer any tax advice on CRS/FATCA or its impact and I/We shall seek any advice that may be required from an independent professional tax advisor. I/We agree that this information may be shared with domestic regulators/tax authorities, including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax /revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. I authorize to share the given information to other Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDAI / PFRDA to facilitate single submission / update & for other relevant purposes.

Date: Place: __________
Signature of the Policy Holder**THIRD PARTY DECLARATION**

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

Signature of Declarant

Occupation _____

Address _____

PAN No. _____

Aadhar No. _____

Date: Place: _____**FOR OFFICE USE ONLY**Signature Verified: Yes No

Bank /Branch staff signature: _____

Branch Date/ Time Stamp
Affix stamp in this box only)**Star Union Dai-ichi Life Insurance Company Limited****Registered Office:** 11th Floor, Vishwaroop IT 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)

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