

POLICY LOAN REPAYMENT FORM

IMPORTANT INSTRUCTIONS

1. Mandatory documents to be submitted by policy holder – Loan Repayment Form.
2. In case of policy surrender, maturity or death claim; if the amount of the loan or any portion thereof remains outstanding; the company shall be entitled to deduct such amount together with all interest up to the date of maturity or of death, as the case may be, from the policy moneys and the balance only shall become due and payable under the policy.
3. If outstanding loan is cleared, Reassignment documents i.e. Reassignment Form and Self-attested PAN / to be submitted for getting the policy reassigned to policy owner.
4. Re-payment of loan against the insurance policy through Credit Card is not allowed.

POLICY DETAILS

Policy No.:	<input type="text"/>	PAN No.:	<input type="text"/>
Name of Policyholder:	<input type="text"/>		
Name of Assignee:	<input type="text"/>		
Address	<input type="text"/>		
Phone No.:	<input type="text"/>	Mobile No.:	<input type="text"/>
Email ID:	<input type="text"/>		
Life Assured is a Minor	<input type="checkbox"/> Yes <input type="checkbox"/> No		

1. Are you resident of jurisdiction outside India? Yes No
2. Are you tax resident of jurisdiction outside India? Yes No
3. Country of residence/ tax residence _____
(If the answer to any of the above question is Yes, or country of residence/tax residence is other than India then kindly submit FATCA/CRS self certification)

I, _____ Policyholder of the above mentioned policy, have availed a loan under the above mentioned Policy No. and would like to make a:

- Part repayment of Rs. _____
- Full repayment of the outstanding loan Rs. _____

In case of full repayment of outstanding loan, please submit Policy Re -Assignment form.

PAYMENT DETAILS

Cheque No. / Transaction ID No. (If payment is done through EFT / NEFT): _____

Amount (Rs.): _____ Bank Name: _____

Bank Branch Name: _____ Bank Account No.: _____

ACKNOWLEDGMENT SLIP

Policyholder/Assignee's Name: _____

SUD Life StaffName: _____

Signature & Stamp:

Thank you for choosing Star Union Dai-ichi Life Insurance Co. Your request will be processed and you will receive a communication from us.

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

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 / IRDA / 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. _____

 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.: 1 800 266 8833 (9:00 am to 7:00 pm - Mon to Sat)

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Protecting Families, Enriching Lives!