

CHANGE IN LEGAL ENTITY

Name of New Entity: _____

Nature of New Entity: _____

Partnership Firm Private Company Public Company Trust HUF

(The change is subject to underwriting decision). (Please submit the attested copy of KYC documents of the Entity).

CHANGE / ADDITION OF APPOINTEE

Appointee Name: (Mr./Mrs./Ms.)

Relationship with the Nominee: Appointee's Date of Birth:

Appointee's Address:

Flat/Plot No.: Building Name:

Road: Landmark:

City/District: State: Pin Code:

Mobile No.: Landline No.

E-mail ID:

PAN No.: Aadhaar No.:

Appointee's Details

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/We Mr./Ms. _____

(Name of the Appointee), has / have agreed to act as appointee, under the Policy No. _____

Date:

Place: _____

Signature of Appointee

Appointee KYC to be attested by the Appointee and Policyholder.

MODE CHANGE

Annual Semi-Annual Quarterly Monthly

Note: NACH / Direct Debit mandate will be mandatory in case monthly mode option is chosen by you. In case the NACH / Direct Debit facility is already active for your policy, then kindly submit revised NACH / Direct Debit mandate.

PREFERRED DRAW DATE FOR AUTO DEBIT OF RENEWAL PREMIUM

Choose your preferred draw date for auto debit of renewal premium.

Account Debit Date: 5th 10th 15th Due Date (5,10 & 15 Options are Not applicable for monthly mode)

CHANGE / UPDATION IN PERSONAL DETAILS

Policyholder Life Assured Nominee / Beneficiary Appointee

Nature of Change / Updation

Residential Status / Tax Residential Status* Height / Weight Signature Occupation Family History

Gender / Salutation Correction Bank account details updation Others

Required updation: _____

*If there are any changes in the Residential status / Tax residential status and it is other than India, then kindly submit FATCA / CRS questionnaire.

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
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THIRD PARTY DECLARATION

Third Party Declaration to be made if the Policyholder has affixed thumb impression Or Policyholder has signed in vernacular Or Policyholder / Assignee not filled the application.

I Mr./Ms./Dr. _____

Address _____

having known the policyholder for a period of (month/year), do declare that I have explained the contents of this form to the Policyholder / Assignee in his/her language and have truthfully recorded the answer provided by him/her. I further declare that the policyholder has affixed his signature/thumb impression in my presence.

Signature of Declarant

Occupation _____

Address _____

PAN / Aadhaar No.: _____

Date: Place: _____

FOR OFFICE USE ONLY

Signature Verified: Yes No

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

Bank/Branch staff signature: _____

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