

REFUND REQUEST FORM

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IRDA REGN. NO. 142

Mandatory documents of policyholder - Self attested Photo ID & Address Proof, PAN, Customised cancelled cheque / Pass-book, Policy document/Indemnity bond (as applicable)

Proposal not received Excess Premium Refund Unclaimed Amount (Individual / Group)

Application No. _____ Policy No. _____ COI No. (Group Policy) _____

Name of Policyholder:

Transaction ID: _____ Transaction Date: _____ Amount: _____

(Transaction details are mandatory if refund request is for 'Proposal not received')

ADDRESS AND CONTACT DETAILS (Self attested KYC documents mandatory)

Flat/Plot No.: Building Name:

Road: Landmark:

City/District: State:

Pin Code: Contact No.:

Email ID:

PAN: (mandatory)

Are you a resident of jurisdiction outside India Yes No

(If the answer to the above question is 'Yes', kindly fill FATCA/ CRS Form)

Country of Residence _____

Bank Account Details (Mandatory)

Account Holder's Name:

Bank Name:

Branch Name:

Bank A/C No.: IFSC Code:

MICR Code: *Loan A/C No.:

**Digital A/C No.: (*mandatory for payment of Assigned policy)

(**mandatory for payment to Union Bank of India NRE and Union Bank of India Assigned policy)

Note: Account has to be Active and at least 6 months to 1 year old

DECLARATION BY POLICYHOLDER / NOMINEE

I hereby declare that I am the rightful policyholder/nominee of this policy and understand that this payout is due to me as per the terms and conditions of the policy contract. In this regard, I hereby provide complete KYC details of self and undertake to abide by all the terms and conditions of the policy contract. Star Union Dai-ichi Life reserves the right to reject the request if the condition as specified in the policy document is not fulfilled. 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 CDBT or close or suspend my account.

Date: _____ Place: _____ Policyholder's / Nominee's signature:

ACKNOWLEDGEMENT SLIP - REFUND REQUEST FORM

Policy No./COI No./Application No. _____ Type of Request: _____

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Policyholder's/Nominee's Name:

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

Thank you for choosing Star Union Dai-ichi Life Insurance. Your request will be processed in 10 days subject to documents being complete

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DECLARATION TO BE MADE IF

Policyholder/Nominee has affixed thumb impression OR Policyholder/Nominee has signed in vernacular OR Policyholder/Nominee has not filled the Application.

I Mr./Ms./Dr. _____

Address _____

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

Date: _____ Place: _____ Signature of Declarant: _____

FOR OFFICE USE ONLY

Signature verified: YES NO

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

Bank/Branch staff signature: _____

Branch Checklist:

- Documents as per Unclaimed documents requirement list Yes No
- Cancelled Cheque in original / Pass Book Copy (self attested): Yes No
- Photo ID proof (self attested): Yes No
- Address proof (self attested): Yes No
- Customer Signature Verified: Yes No

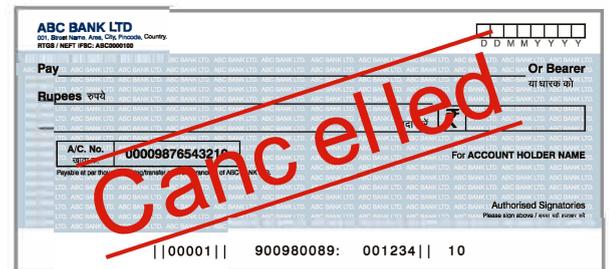
IMPORTANT GUIDELINES

Please visit our website www.sudlife.in and check the 'Whats New?' section on the home page for Unclaimed Amount. Submit the documents required basis the 'Reason' provided against your policy.

All proofs submitted to be attested by policyholder .In case of Death-Unclaimed amount ; proofs should be attested by the Nominee.

Cancelled cheque with pre-printed name of the account holder / Self attested Bank Statement / Pass Book attested by bank submitted is mandatory

Documents Required-Unclaimed Amount
Reason - Termination/Excess Premium/Annuity/ Surrender 1. Cancelled cheque 2. Bank Statement 3. Address Proof 4. Photo Identity Proof 5. PAN copy 6. Passbook Copy with name, address and account details
Reason -Excess Premium (Group Policy) 1. Name of Member 2. Loan Account No. (duly attested by the Bank) 3. Savings Bank Account No. (duly attested by the Bank)
Reason - Claims Requirements for Individual Death Claim (Claims settled but not paid) 1. Nominee's Death Certificate 2. Succession Certificate from Court of Law 3. Bank details of the Beneficiary mentioned in Succession Certificate Requirements for Group Surrender (MRTA) Claims (EFT Rejects) 1. KYC of Life Assured 2. Bank details of the Life Assured - Cancelled Cheque with pre printed name / Bank Pass book copy Requirements for Individual / Group Death Claims (EFT Rejects) 1. KYC of Nominee 2. Bank details of the Nominee - Cancelled Cheque with pre printed name / Bank Pass book copy



Customer Service Touch Points

Toll Free No: 18002668833 or
 Land line No: 022 39546300 (Charges apply)
 Timing: 8:00 am to 8:00 pm (Mon - Sat)
 Email Id: customercare@sudlife.in

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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Requirements for Maturity Claims - Non Pension

1. KYC of Policyholder
2. Bank details of the Policyholder - Cancelled Cheque with pre printed name / Bank Pass book copy
3. Original Policy Document
4. Maturity Discharge Voucher duly filled and signed

Requirements for Maturity Claims - Pension

1. KYC of Policyholder
2. Bank details of the Policyholder - Cancelled Cheque with pre printed name / Bank Pass book copy
3. Original Policy Document
4. Maturity Discharge Voucher duly filled and signed
5. Annuity Option Sheet duly filled and signed
6. Proposal Form duly filled and signed
(where Fund Value is equal to or more than Rs. 5 lacs)
7. Age Proof (where Fund Value is equal to or more than Rs. 5 lacs)

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Protecting Families, Enriching Lives!