

SURRENDER/PARTIAL WITHDRAWAL REQUEST FORM

IRDA REGN. NO. 142

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

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ACKNOWLEDGEMENT SLIP - SURRENDER/PARTIAL WITHI	m and its impact.

Policy No.:

Name of Policyholder:

Thank you for choosing SUD Life. Your request will be processed within 10 days subject to documents being complete



SURRENDER/PARTIAL WITHDRAWAL REQUEST FORM

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I 2 IRDA REGN. NO. 142

The information on this form and to the best of my/our knowledge and belief the certification is true, correct and that the Company is relying on this information. 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 CBDT or close or suspend my account.

Name of Policyholder:	Signature of Policyhol	der:		
Name of Witness:	Signature of Witness:			
Please affix Re 1/- revenue stamp & sign across the stamp				
Declaration to be made if		j		
Policyholder has affixed thumb impression OR Policyholder has signed in vernacular OR Policyholder has not filled the Application				
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 signature/thumb impression in my presence.				
Date: DDMMYYYY	Signature of Decl	arant:		
FOR OFFICE USE ONLY (Affix stamp in the box)				
Signature verified: YES NO		Branch Date/Time Stamp (Affix stamp in this box only)		
Bank/Branch staff signature:				
Branch Checklist:				
Policy Document / Indemnity Bond:	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			

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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