



Star Union Dai-ichi
Life Insurance

A joint venture of



TOP UP REQUEST FORM

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IRDA REGN. NO. 142

POLICY DETAILS

Policy No.: _____

Name of Policyholder: _____

Address: _____

Phone: _____

Mobile No. (Mandatory): _____

Email: _____

Photograph

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 _____

TOP UP PAYMENT DETAILS

Amount Paid: Rs _____

Rupees in words: _____

Cash: ☐ Cheque/DD: ☐ Direct transfer: ☐

Cheque/DD No.: _____ Date: _____ Drawee Bank & Branch: _____

PAN: _____ (Mandatory) only if annual contributions is equal to or more than Rs 50,000/-.

Fund Names	Segregated Fund Identification Number (SFIN)	Fund Switch* (New Percentage)
Individual Life Balance Fund	ULIF 001 18/02/09 SUD-LI-BL1 142	
Individual Life Equity Fund	ULIF 002 25/02/09 SUD-LI-EQ1 142	
Individual Life Growth Fund	ULIF 003 25/02/09 SUD-LI-GR1 142	
Individual Life Bond Fund	ULIF 004 25/02/09 SUD-LI-BN1 142	
Individual Life Apex Equity Fund	ULIF 009 20/01/10 SUD-LA-EQ1 142	
Individual Life Apex Growth Fund	ULIF 010 20/01/10 SUD-LA-GR1 142	
Individual Life Apex Balance Fund	ULIF 011 20/01/10 SUD-LA-BL1 142	
Individual Life Apex Bond Fund	ULIF 012 20/01/10 SUD-LA-BN1 142	
Individual Life Express Balance Fund	ULIF 017 29/04/11 SUD-LX-BL1 142	
Individual Life Blue-chip Equity Fund	ULIF 019 11/12/13 SUD-LI-EQ2 142	
Individual Life Income Fund	ULIF 020 11/12/13 SUD-LI-BN2 142	
Individual Life Growth Plus Fund	ULIF 023 11/12/13 SUD-LI-BL2 142	
Individual Life Balanced Plus Fund	ULIF 024 11/12/13 SUD-LI-BL2 142	
Individual Pension Balance Fund	ULIF 007 31/03/09 SUD-PI-BL1 142	
Individual Pension Equity Fund	ULIF 005 31/03/09 SUD-PI-EQ1 142	
Individual Pension Growth Fund	ULIF 006 31/03/09 SUD-PI-GR1 142	
Individual Pension Bond Fund	ULIF 008 31/03/09 SUD-PI-BN1 142	
Individual Pension Apex Equity Fund	ULIF 013 20/01/10 SUD-PA-EQ1 142	
Individual Pension Apex Growth Fund	ULIF 014 20/01/10 SUD-PA-GR1 142	
Individual Pension Apex Balance Fund	ULIF 015 20/01/10 SUD-PA-BL1 142	
Individual Pension Apex Bond Fund	ULIF 016 20/01/10 SUD-PA-BN1 142	
Total		100%

Acknowledgement Slip - Top Up Request Form

Policy No.: _____ Name of SUD staff: _____

Date and Time: _____

Signature and Stamp: _____

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



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



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Please submit the following KYC documents as per the premium specification.

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If total Annual Premium including the top up amount is	Photo ID proof	Recent Photograph (signed across)	Address Proof	PAN Card No or Form 60	Income Proof
<=Rs 10,000	Photo ID proof				
Rs 10,001 to <Rs. 49,999	Photo ID proof	Recent Photograph (signed across)	Address Proof		
Rs 50,000 to 99,999	Photo ID proof	Recent Photograph (signed across)	Address Proof	PAN Card No or Form 60 / 61	
>=Rs. 100,000	Photo ID proof	Recent Photograph (signed across)	Address Proof	PAN Card No or Form 60 / 61	Income Proof

Please submit the following information

- My current gross total income from all sources is Rs. _____ per annum
- If the total premium including the above amount plus regular premium paid in the current financial year is equal to or exceeding Rs 1 lac, then please submit any of these following documents
 - Latest Salary Slips
 - Latest filled ITR copies
 - Bank statement showing salary credits
 - Latest Form 16
 - Audited company accounts
 - Bank cash flow statement or passbook
 - Agriculture documents or Mandi receipt
- Source of fund declaration:

Income from rent _____ Land sale _____ One time capital gain _____
Agriculture income _____ Retirement benefit _____ Other investment _____

Notes:

- ✓ Request for additional single premium Top Up is acceptable subject to cut-off rules defined by IRDAI
- ✓ The additional single premium Top-up will not be adjusted towards renewal premium due.
- ✓ Kindly consult, Tax consultant on the implication of Section 10 (10D) & Section 80C of the Income Tax Act, 1961 on this transaction.
- ✓ Top-ups are allowed any time during the policy term only if all the due basic premiums have been paid at the time of making Top-ups.
- ✓ Any amount is allowed as Top-ups at any point of time during the policy term, subject to minimum of Rs 5,000 - (in multiple of Rs 1000/-). However the cumulative top ups during the term of the policy are limited to 25% of Total Basic Regular Premium Paid as on Top Up Payment date.

I confirm having read all the relevant policy provisions before making this application and having understood them and its consequences. I further confirm that the premium paid above is derived out of legitimate source of funds. 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.

Date:

Policy Holder Signature

Declaration to be made if

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:

Signature of Declarant:

Star Union Dai-ichi Life Insurance Company Limited

Registered Office: Unit No. 1101, 11th Floor, Building No. 1, Raheja Mindspace Juinagar, Plot No. GEN 2/1/E, TTC Industrial Area, MIDC Juinagar, Navi Mumbai – 400 706 • Toll Free No.: 1800 266 8833 (9.00 am to 7.00 pm - Mon to Sat) • Email: customer@staruniondaiichi.com • Website: www.staruniondaiichi.com

IRDAI Regn. No. 142 • C.I.N.: U66010MH2007PLC174472

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SUD/May-2016/RRFNER4

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FOR OFFICE USE ONLY (Affix stamp in the box) - Branch Checklist

Signature verified: ☐ YES ☐ NO

Photo ID proof (self attested): ☐ YES ☐ NO

Address proof (self attested): ☐ YES ☐ NO

Income proof (self attested): ☐ YES ☐ NO

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

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