Star Union Dai-ichi Life Insurance

A joint venture of

Bank of India | Union Bank of India | Daiichi Life

FUND SWITCH / PREMIUM RE-DIRECTION REQUEST FORM

POLICY DETAILS

POLICY NO.	
NAME OF POLICYHOLDER	FIRST MIDDLE LAST
PHONE NO.	MOBILE NO.
EMAIL ID	
PAN NO.	AADHAR NO.

Are you resident of jurisdiction outside India ☐ **Yes** ☐ **No**

Are you tax resident of any country other than India ☐ **Yes** ☐ **No**

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

Is Policy Assigned? (Mandatory) ☐ **Yes** ☐ **No** *If yes, request should be signed by the Assignee / NOC of Assignee

REQUEST TYPE

☐ Fund Switch ☐ Premium Re-direction ☐ Fund Switch and Premium Re-direction

Instructions:

1. **Fund Switch:** This is a facility which allows the policyholder to change the investment pattern by moving from one segregated fund to another fund either wholly or in part and allows re-balancing your investments as per your risk profile and needs. The fund switch will not affect your future premium allocation and only the current holding shall be switched as per the request.
2. **Premium Redirection:** This is a facility which allows you to modify the allocation and redirect your future premiums into a different allocation pattern than your current allocation pattern. The change will be applicable for all future regular premiums from the date of receipt of request.
3. In case the request form is received by 3.00 p.m. on a business day, the request shall be affected at the applicable NAV declared on the same Business Day. However, if the request form is received after 3.00 p.m. on a business day, the request shall be affected at the applicable NAV declared on the next Business Day.
4. Redirection is not applicable in single premium plans.
5. The fees/charges for fund switch/premium redirection shall be charged as per the rates stated in the policy document.
6. The total percentage in Fund Switch/redirection should add to a total of 100%.
7. If fund switch and premium re-direction request is received together, fund switch request will be processed first.
8. Fund switch can be done only if it is available under the chosen plan. Please refer the policy terms & conditions for the same
9. Request for fund switch/premium redirection is acceptable subject to terms and conditions of the policy document.
10. Fund Switch / Premium Redirection not allowed in case of age-based investment strategy.
11. Policy status to be in force for executing Fund Switch / Premium Redirection.

FUND SWITCH

☐ Fund Switch

I hereby request you to kindly effect the following Fund Switch in respect of my Policy.

SWITCH FROM		SWITCH TO	
Fund/ Plan/ Fund Option	Percentage (%)	Fund/ Plan/ Fund Option	Percentage (%)

PREMIUM RE-DIRECTION

☐ REDIRECTION

I hereby request you to allocate the future premiums in the revised proportion as shown hereunder and I also understand that Fund Redirection will be applicable for the future premium

Fund/ Plan/ Fund Option	Percentage (%)
Total	100%

FATCA/CRS DECLARATION

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.

Date D D M M Y Y Y Y

Signature of the Policyholder

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 understanding the contents.

Date D D M M Y Y Y Y

Signature of the Policyholder

Occupation _____

Address _____

PAN No. _____

Aadhar No. _____

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: customercare@sudlife.in • Website: www.sudlife.in

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

Protecting Families, Enriching Lives!

FOR OFFICE USE ONLY

Signature verified: ☐ Yes ☐ No

Branch staff signature: _____

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