



Daiichi Life

IRDA REGN. NO.142

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I hereby give my consent and agree to the prevailing regulations of RBI to deal with my policy in Indian currency for paying the premiums as well as receiving the payments if any, under the same policy. I also understand that all the declarations given by me shall form integral part of my proposal form.

Place: _____ Date: _____

Name and Signature/Thumb Impression of the Life to be Assured _____

Witness: _____ Name: _____
Signature _____ Address: _____

Declaration:

where the Life to be Assured/Proposer signs in vernacular language or has/have affixed his/their thumb impression/s on the proposal:

The signature/Thumb Impression of the Life to be Assured & the Proposer should be attested by the Advisor/Intermediary or a person of standing whose identity can easily be established and this declaration should be made by him.

I _____ (name) with _____
(identity type) _____ (identity number) hereby declare that I have explained the contents of the proposal form to the Life to be Assured/Proposer in _____ language and that I have read out to the Life to be Assured/Proposer the answers to the questions dictated by the Life to be Assured/Proposer and that the Life to be Assured/Proposer has/have put his/their signature/s put his/their thumb impression on the proposal form after fully understanding the contents thereof.

Place: _____ Date: _____

Signature/Thumb Impression of
Life to be Assured/Proposer

Signature of the Declarant: _____
Name and Address of the 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: customercare@sudlife.in • Website: www.sudlife.in

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FATCA/ CRS form for Individual

India has signed Multilateral Competent Authority Agreement [MCAA] on Automatic Exchange of Financial Account Information. In terms all countries which are a signatory to MCAA, are obliged to exchange financial information. Further, Government of India and United States of America (USA) have signed an agreement to improve international tax compliance and need to implement FATCA in India. In order to combat offshore tax evasion and avoidance and stashing of unaccounted money abroad, it requires cooperation amongst tax authorities. Hence, G20 and OECD countries have worked together and developed a Common Reporting Standard (CRS) on Automatic Exchange of Information (AEOI). As per above agreements and towards compliance with tax information sharing laws, Star Union Dai-ichi Life Insurance Company is required to seek additional information and documentation from account holders and also obliged to share such information with relevant tax and other competent authorities. Please note that this document does not constitute tax or legal advice. If you have any questions about this Form or regulations, please contact your tax, legal and/or other professional advisor.

Please complete this Form if you are an individual Account Holder. For joint or multiple Account Holders, use a separate Form for each individual Account Holder.

PLEASE DO NOT LEAVE ANY FIELD BLANK. ALL FIELDS ARE MANDATORY

Life Assured Name: _____

Application No/ Policy No: _____

(In case the Life to be assured and Proposer are different, please fill separate questionnaire for the Proposer)

1. Are you a resident of a jurisdiction outside India? Yes ☐ No ☐

If yes, please provide the name of your jurisdiction(s) of residence Name of the country: _____

2. Tax residence declaration - tick any one as applicable to you?

☐ I am a tax resident of India and not a resident of any other country

OR

☐ I am tax resident of the country/ies mentioned in the table below

Please indicate all countries in which you are resident for tax purposes and associated Tax ID number below.

Country#	Tax Identification Number ^	Identification Type (TIN or Other ^ please specify)

To also include USA, where the individuals is a citizen/ green card holder of USA.

^ In case Tax Identification Number is not available, kindly provide functional equivalent. Please refer to page 4 for further details.

3. City of birth: _____

4. Country of Birth: _____

5. Do you have a current mailing address or residence address (including a Post Office Box) in a jurisdiction(s) outside India? Yes ☐ No ☐

If answer to the question 5 is 'Yes' then provide the details;

Address Line 1: _____

Address Line 2: _____

City/Town: _____ State: _____ Country: _____

Postal Code: _____ PIN Code: _____

6. Do you have any address (Current /permanent) with a 'hold mail' or 'in care of' address in a jurisdiction(s) outside India? Yes ☐ No ☐

If answer to the question 6 is 'Yes' then provide the details;

Address Line 1: _____

Address Line 2: _____

City/Town: _____ State: _____ Country: _____

Postal Code: _____ PIN Code: _____

7. Do you have a telephone number outside India? Yes ☐ No ☐

If answer to the question 7 in 'Yes' then please provide the details along with country code of the country;

Phone No. 1	Phone No. 2	Phone No. 3



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Life Insurance

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8. Is there a 'Power of Attorney (POA)' or 'signatory authority (SA)' granted to a person with an address in jurisdiction outside India? Yes ☐ No ☐

If answer to the above question 8 is 'Yes', then please answer the following;

- i. Name and Address of the person to whom the POA or SA is granted

Name: _____

Address Line 1: _____

Address Line 2: _____

City/Town: _____ State: _____ Country: _____

Postal Code: _____ PIN Code: _____

- ii. Whether POA or SA is currently effective? Yes ☐ No ☐

- iii. If answer to the above question (ii) is 'Yes' then please mention the time up to which the POA or SA is valid and effective:

IF ANSWER TO THE ABOVE QUESTION 5, 6, 7 OR 8 IS "NO" THEN PLEASE PROVIDE DOCUMENTS AS MENTIONED UNDER NOTES ON PAGE 4.

9. Are there any standing instructions of funds transfer into any of other account maintained in a jurisdiction outside India? Yes ☐ No ☐

If answer to the question 9 is 'Yes', please provide the details of the account holder (Name, account number and bank details)

Account number: _____

Name and Address of the Bank (including country)

Name: _____

Address Line 1: _____

Address Line 2: _____

City/Town: _____ State: _____ Country: _____

Postal Code: _____ PIN Code: _____

10. Do you have any other policy with Star Union Dai-ichi Life Insurance? Yes ☐ No ☐

If yes, provide the policy number _____

Declaration by the Proposer/Payer:

I/ We declare that the answers I/ We have given are, to the best of my/ our knowledge is true and that I/ we have not withheld any material information that may influence the assessment or acceptance of this proposal. I/ we agree that this questionnaire will constitute part of my/ our proposal for life assurance with Star Union Dai-ichi Life Insurance Co. Ltd and that failure to disclose any material fact known to me/ us may invalidate the contract.

I/ We, am/are not restricted /prohibited from proposing for this policy of insurance under the laws of any country that I/ we am subject to. I/ we understand that my/our purchase of a policy of insurance from the Company may create legal, tax or other financial/ reporting obligations for me/us under the laws of the country of which I/we hold citizenship or reside in. I/we shall be solely responsible for undertaking and fulfilling any obligations that I/we may have under the laws of such country/ies and shall not hold the Company liable under any circumstance in the event of a default on my/our part in fulfilling the said obligations. I/We undertake to advise the Company promptly and provide an updated Self-Certification form within 30 days of any change in circumstances occurring, which causes any of the information contained in this form to be inaccurate or incomplete 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/ our policy/ies. I/we acknowledge and agree that any information provided by the Company is not intended to provide legal, accounting or tax advice and I/we shall not rely on the same in this regard.

Date & Place:

Signature of Proposer/ Payer

Declaration in case Proposer signs in Vernacular / Uses Thumb Impression:

I, _____ have read out and fully explained the contents of this questionnaire to the Proposer and that he/she has understood the same. I have truthfully recorded the replies given by the Proposer and that the Proposer has affixed his/her signatures/thumb impression above after fully understanding the contents hereof.

Date & Place:

Name and Signature of Declarant

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^ Note:

1. It is mandatory to provide TIN or functional equivalent if the country in which you are tax resident issues such identifies. If no TIN is available or has not been issued, please provide an explanation and attach this to the form.
2. In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA/ CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS Indicia
U.S. place of birth	1. Self-certification that the proposer is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND 3. Any one of the following documents: a. Certified Copy of "Certificate of Loss of Nationality or b. Reasonable explanation of why the proposer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
Residence/mailling address in a country other than India	1. Self-certification that the proposer is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below)
Telephone number in a country other than India	If no Indian telephone number is provided 1. Self-certification that the proposer is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below) If Indian telephone number is provided along with a foreign country telephone number 1. Self-certification that the proposer is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; OR 2. Documentary evidence (refer list below)
Standing instructions to transfer funds to an account maintained in a country other than India (other than depository accounts)	1. Self-certification that the proposer is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below)

3. List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:
 - i. Certificate of residence issued by an authorized government body*
 - ii. Valid identification issued by an authorized government body* (e.g. Passport, National Identity card, etc.)

* Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.

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