

POLICY SERVICING REQUEST FORM

IRDA Regn. No. 142

IMPORTANT INSTRUCTIONS

- For change in surname of a married woman; copy of marriage certificate is required
- For all other requests involving name change a Gazette notification is required
- All the supporting documents should be self attested by the Policyholder (mandatory)

POLICY DETAILS

Policy No. 1: □□□□□□□□ **Policy No. 2:** □□□□□□□□ **Policy No. 3:** □□□□□□□□

Name of Policyholder:

[illegible]

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

3. Country of residence / tax residence _____
(If the answer to any of the above question is Yes, or country of residence / tax residence is other than India, then kindly submit FATCA / CRS self certification).

I/We Mr./Ms. _____ (Policyholder)

would like to make request for change in my Policy No. _____

CORRECTION / UPDATE IN NAME

☐ Policyholder ☐ Life Assured ☐ Nominee / Beneficiary ☐ Appointee

Name to be changed to _____

Reason for change _____

Please submit copy of self attested Photo ID proof.

CHANGE IN CORRESPONDENCE ADDRESS / E-MAIL ID / CONTACT NO.

☐ Policyholder ☐ Life Assured ☐ Nominee / Beneficiary ☐ Appointee

Reason for change _____

Please submit copy of self attested Photo ID proof.

[illegible]

Road: Landmark:

City/District: State: Pin Code:

[illegible]

E-mail ID:

Please submit copy of self attested Address Proof / Telephone Bill / Mobile Bill, as per the request submitted.

ADDITION / CORRECTION IN PAN / AADHAAR

☐ Policyholder ☐ Life Assured ☐ Nominee / Beneficiary ☐ Appointee

PAN No.:

Please submit self attested copy of PAN Card

Aadhaar No.: Please submit self attested copy of Aadhaar Card

I hereby give my consent to the Company to use my Aadhaar number for e-KYC authentication purpose and to obtain my details from UIDAI records through UIDAI licensed regulated entities, and to store the data as permissible under applicable laws. Further I agree and acknowledge that the Company will use my identity information for the purpose of insurance policy only and will not store or share my biometric. The said details will be submitted to Central Identities Data Repository only for the purpose of authentication.

Customer Signature: _____ Date: _____ Place: _____

ACKNOWLEDGMENT SLIP-POLICY SERVICING REQUEST

Request type: _____

Signature of the Policyholder:

Signature & Stamp:

Thank you for choosing Star Union Dai-ichi Life Insurance Co.
Your request will be processed and you will receive a communication from us.



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


CHANGE IN LEGAL ENTITY

Name of New Entity: _____

Nature of New Entity: _____

☐ Partnership Firm ☐ Private Company ☐ Public Company ☐ Trust ☐ HUF

(The change is subject to underwriting decision). (Please submit the attested copy of KYC documents of the Entity).

CHANGE / ADDITION OF APPOINTEE

Appointee Name: (Mr./Mrs./Ms.) _____

Relationship with the Nominee: _____ Appointee's Date of Birth: _____

Appointee's Address:

Flat/Plot No.: _____ Building Name: _____

Road: _____ Landmark: _____

City/District: _____ State: _____ Pin Code: _____

Mobile No.: _____ Landline No.: _____

E-mail ID: _____

PAN No.: _____ Aadhaar No.: _____

Appointee's Details

1. Are you resident of jurisdiction outside India? ☐ Yes ☐ No2. Are you tax resident of jurisdiction outside India? ☐ Yes ☐ No

3. Country of residence/tax residence _____

(If the answer to any of the above question is Yes, or country of residence / tax residence is other than India, then kindly submit FATCA / CRS self certification).

I/We Mr./Ms. _____

(Name of the Appointee), has / have agreed to act as appointee, under the Policy No. _____

Date: _____ Place: _____

Signature of Appointee

Appointee KYC to be attested by the Appointee and Policyholder.

MODE CHANGE
☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly

Note: NACH / Direct Debit mandate will be mandatory in case monthly mode option is chosen by you. In case the NACH / Direct Debit facility is already active for your policy, then kindly submit revised NACH / Direct Debit mandate.

PREFERRED DRAW DATE FOR AUTO DEBIT OF RENEWAL PREMIUM

Choose your preferred draw date for auto debit of renewal premium.

Account Debit Date: ☐ 5th ☐ 10th ☐ 15th ☐ Due Date (5,10 & 15 Options are Not applicable for monthly mode)
CHANGE / UPDATION IN PERSONAL DETAILS
☐ Policyholder ☐ Life Assured ☐ Nominee / Beneficiary ☐ Appointee

Nature of Change / Updation

☐ Residential Status / Tax Residential Status* ☐ Height / Weight ☐ Signature ☐ Occupation ☐ Family History

☐ Gender / Salutation Correction ☐ Bank account details updation ☐ Others

Required updation: _____

*If there are any changes in the Residential status / Tax residential status and it is other than India, then kindly submit FATCA / CRS questionnaire.

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@sudlife.in • Website: www.sudlife.in

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CORRECTION IN DATE OF BIRTH

☐ Policyholder ☐ Life Assured ☐ Nominee / Beneficiary ☐ Appointee

[illegible]

Reason for change: _____

Supporting proof will have to be submitted as per the norms (Birth Certificate / Passport / Aadhaar, etc.).

CHANGE OF PROPOSER

New Proposer's Name:

Relationship with Life Assured: [] [] [] [] [] [] [] [] [] []

Proposer's Date of Birth: [] [] [] [] [] [] [] []

[illegible]Reason for change: ☐ Death of previous Policyholder ☐ Others (please specify): _____

Proposer's Address:

[illegible]

Road: [] [] [] [] [] [] [] [] [] [] [] [] [] [] Landmark: [] [] [] [] [] [] [] [] [] [] [] [] []

City/District: State: Pin Code:

[illegible]

E-mail ID:

[illegible]

1. Are you resident of jurisdiction outside India? ☐ Yes ☐ No
2. Are you tax resident of jurisdiction outside India? ☐ Yes ☐ No
3. Country of residence/tax residence

(If the answer to any of the above question is Yes, or country of residence / tax residence is other than India, then kindly submit FATCA / CRS self certification).

Is the new Proposer a ☐ Politically Exposed Person (PEP) ☐ Relative of a PEP ☐ Associate of a PEP

If the new Proposer is the relative or Associate of a PEP, mention the name of the PEP and the relationship with him _____

Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions domestically or by a foreign country, for example Heads / Ministers of Central / State government, Senior politicians, Senior government / judicial / military officers, Senior executive of state owned corporations, Important political party officials & immediate family member of above persons (Spouse, Children, Parents, Siblings, In-laws).

RIDER ADDITION

☐ Family Income Benefit Rider ☐ Accidental Death and Total Permanent Disability Rider ☐ Both

Change in Health & Lifestyle details:

1. Is there any change in your occupation from the date of proposal form?
If YES, provide details _____
2. Are you currently in good health?
If NO, provide details _____
3. Is there any change in health status from what was mentioned in your proposal form like Diabetes / Hypertension / Kidney Disorder / Liver Disorder / Nervous Disorder / HIV, etc. ?
If YES, provide details _____
4. Have you visited any Doctor / undergone any treatment for more than 1 week from the date of proposal form?
If YES, provide details and attach reports with this request form _____
5. Is there any change in your habits like smoking / alcohol intake etc.
If YES, provide details: Tobacco-grams per day _____, Cigarette/s per day _____, Alcohol per week _____, Type of alcohol _____.

I, Mr./Ms./Dr. _____, hereby declare that I understand and agree to all the conditions and information given above and its impact. 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: [] [] [] [] [] [] [] Place:

Signature of Policyholder


THIRD PARTY DECLARATION

Third Party Declaration to be made if the Policyholder has affixed thumb impression Or Policyholder has signed in vernacular Or Policyholder / Assignee not filled the application.

I Mr./Ms./Dr. _____

Address _____

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

Signature of Declarant

Occupation _____

Address _____

PAN / Aadhaar No.: _____

Date: Place: _____

FOR OFFICE USE ONLY

Signature Verified: ☐ Yes ☐ No

Bank/Branch staff signature: _____

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

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