



POLICY DETAILS

Policy No.: _____

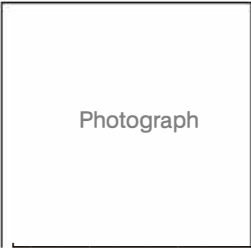
Name of Policyholder: _____

Address: _____

Phone: _____

Mobile No. (Mandatory): _____

Email: _____



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/-.

Table with 3 columns: Fund Names, Segregated Fund Identification Number (SFIN), Fund Switch* (New Percentage). Rows include various Individual Life and Pension funds.

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



TOP UP REQUEST FORM

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

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 sal _____ 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: Star Union Dai-ichi Life Insurance Company Limited, 11th Floor, Vishwaroop I.T. Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai - 400 703.

☎: 18002668833 (Toll free) / 022-39546300 (landline) - 8:00 am to 8:00 pm (Mon - Sat).

Email: customercare@sudlife.in | Website: www.sudlife.in | IRDAI Regn. No. 142 | C.I.No. U66010MH2007PLC174472



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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☎: 18002668833 (Toll free) / 022-71966200 (landline) - 9:30 am to 6:30 pm (Mon - Sat).

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