



FATCA/CRS Declaration

I, Mr./Ms./Dr. _____ hereby confirm that the information provided above with respect to my residency/ tax residency is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I am aware that I shall be liable for it. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. I/We further agree to submit a new form within 30 days

any information or certification on this form becomes incorrect or if there is any change/ modification to the information in future and also undertake to provide any other additional information as may be required at your end or by domestic or overseas regulators/ tax authorities. I/ We understand that the Company is not able to offer any tax advice on CRS/FATCA or its impact and I/We shall seek any advice that may be required from an independent professional tax advisor. I/We agree that this information may be shared with domestic regulators/tax authorities, including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. I authorize to share the given information to other Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes.

Date:

Place: _____

Signature of the Policyholder / Assignor

THIRD PARTY DECLARATION

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:

Place: _____

Signature of Declarant

Occupation _____

Address _____

PAN No. _____

FOR OFFICE USE ONLY

Corporate Client No.: _____ *please mention the existing client ID of corporate client.

Signature verified: YES NO

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

RO/BO staff signature: _____

Star Union Dai-ichi Life Insurance Company Limited

Registered Office: 11th Floor, Vishwaroop IT Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai – 400 703.

Toll Free No.: 1800 266 8833 (9:30 am to 6:30 pm – Mon to Sat) | Tel.: 022-7196 6200 | Fax: 022-7196 2811

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

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We mean life!



POLICY ASSIGNMENT - ENDORSEMENT FORM

I/We (Name of the Assignor) First Name Middle Name Last Name the policyholder under policy number issued by Star Union Dai-ichi Life Insurance for the Sum Assured of hereby assign my right, title and interest in said Policy to the Assignee mentioned below under the provisions of Section 38 of the Insurance Act 1938, as amended from time to time.

Name of the Assignee: (Please fill whichever is applicable)

Individual: First Name Middle Name Last Name

Date of Birth of the Assignee

Relationship of the Assignee with the Policyholder (In case of Individual)

Full Address of the Assignee

Financial Institution/Bank:

Date of Incorporation

Full Address:

Loan Account Number:

TYPE OF ASSIGNMENT

(Please tick whichever is applicable)

- Absolute Assignment
In consideration of (₹) (in words and figures) received from the assignee towards
Out of Natural Love and Affection
Conditional Assignment (out of Natural Love and Affection)
(The assignment will take effect only on death of the life assured during the term of policy and the assignee survives the life assured. The assignment will be ineffective if the assignee predeceases the life assured)

Date: [D][D][M][M][Y][Y][Y][Y] Place:

Signature of the Assignor

WITNESS DETAILS

Full Name of the Witness:

Occupation:

Address of the Witness:

PAN No.:

Signature:

Signature / Stamp of SUD Life

Date: [D][D][M][M][Y][Y][Y][Y] Place:





NOTICE OF ASSIGNMENT

I/We (Name of the Assignor) First Name Middle Name Last Name the policyholder under policy number issued by Star Union Dai-ichi Life Insurance for the sum assured of hereby give you notice that I/We have assigned the said Policy to the Assignee mentioned below

Name of the Assignee: (Please fill whichever is applicable)

Individual: First Name Middle Name Last Name

Financial Institution/Bank:

Loan Account Number:

TYPE OF ASSIGNMENT

(Please tick whichever is applicable)

- Absolute Assignment
In consideration of (₹) (in words and figures) received from the assignee towards
Out of Natural Love and Affection
Conditional Assignment (out of Natural Love and Affection)

(The assignment will take effect only on death of the life assured during the term of policy and the assignee survives the life assured. The assignment will be ineffective if the assignee predeceases the life assured)

I/We enclose the policy document along with the other documents with this notice for registration of the assignment in your records.

Post the Assignment the Premium under the policy will be paid by the Assignor Assignee. The premium notices may be sent accordingly.

Please do the needful and deliver the policy documents to the assignee after registering the assignment in your records.

Signature/Stamp of Assignee

Signature of Policyholder

Date: DDMMYYYY Place:

Witness Details

Full Name of the Witness: Occupation: Address of the Witness: PAN No. (Grid-based input fields)

Signature: Signature / Stamp of SUD Life

Date: DDMMYYYY Place:

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