

# POLICY LOAN FORM

IRDA REGN. NO. 142

## IMPORTANT INSTRUCTIONS

1. Mandatory documents to be submitted by policy holder - Self attested Photo ID & Address Proof, PAN, Customised cancelled cheque/Pass-book, policy documents/Indemnity bond, Assignment Form.
2. NAV applicable will be the date on which the mandatory documents are submitted by the customer and accepted by SUD Life.
3. Original policy documents will be retained by SUD Life on loan disbursement till full loan re-payment along with interest has been done by the policy holder.
4. In case of policy surrender, maturity or death claim; if the amount of the loan or any portion thereof remains outstanding; the company shall be entitled to deduct such amount together with all interest up to the date of maturity or of death, as the case may be, from the policy moneys and the balance only shall become due and payable under the policy.
5. The rate of interest applicable to the loan will be of a variable nature and will be revised annually and compounded half-yearly/yearly, based on policy terms and conditions. The interest will fall due on every half-yearly basis the policy issuance date
6. Re-payment of loan against the insurance policy through Credit Card is not allowed.

## POLICY DETAILS

Policy No.:  PAN No.:

Name of Policyholder:

Name of Assignee:

Address

Phone No.:  Mobile No.:

Email ID:

Life Assured is a Minor  Yes  No

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, \_\_\_\_\_ policyholder of the above mentioned policy, agree to the Terms & Conditions mentioned in this form and as per the policy contract and hereby apply for a loan against this policy.

Request you to grant me a loan of amount as selected below:

Amount Rs. \_\_\_\_\_/-

OR

Maximum amount available as loan against policy.

Reason for availing loan \_\_\_\_\_

affix Re 1/- revenue stamp and Please sign across the stamp

## ACKNOWLEDGMENT SLIP

Policyholder Name: \_\_\_\_\_

SUD Life Staff Name: \_\_\_\_\_

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)

**SUD LIFE**

A joint venture of



IRDA REGN. NO. 142

**ABSOLUTE ASSIGNMENT AGAINST VALUABLE CONSIDERATION**

I/We, the Policyholder (if the policy is assigned)/Trustee(s) of the policy do hereby absolutely and irrevocably assign and transfer all my/our rights, claim, title and interests under the said policy to Star Union Dai-ichi Life Insurance Co. to be held by, as security towards repayment of the loan with interest at the rate(s) agreed upon.

Name of Policy holder \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
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 Place: \_\_\_\_\_\_\_\_\_\_  
Signature of Policyholder

Name of Witness: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
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 Place: \_\_\_\_\_\_\_\_\_\_  
Signature of Witness**BANK ACCOUNT DETAILS (MANDATORY)**

Bank Name:																																																																																	
Branch Address:																																																																																	
Bank A/C No.:																																									Type of A/C:																																								
IFSC Code:																					MICR Code:																																																												
A/C holder's Name:																																																																																	

**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 if 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: 

D	D	M	M	Y	Y	Y	Y
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 Place: \_\_\_\_\_\_\_\_\_\_  
Signature of the Policy Holder**Star Union Dai-ichi Life Insurance Company Limited****Registered Office:** 11<sup>th</sup> Floor, Vishwaroop IT Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai - 400 703.

Toll Free No.: 1 800 266 8833 (9:00 am to 7:00 pm - Mon to Sat)

Email: [customer@sudlife.in](mailto:customer@sudlife.in) | Website: [www.sudlife.in](http://www.sudlife.in) | IRDAI Regn. No. 142 | CIN: U66010MH2007PLC174472

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**Protecting Families, Enriching Lives!**

**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

Signature of Declarant

Occupation \_\_\_\_\_

Address \_\_\_\_\_

PAN 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)

**Star Union Dai-ichi Life Insurance Company Limited**

**Registered Office:** 11<sup>th</sup> Floor, Vishwaroop IT Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai - 400 703.

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