



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: [grid] Policy No. 2: [grid] Policy No. 3: [grid]
Name of Policyholder: [grid]
PAN No.: [grid]

- 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 / UPDATION 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.

Flat/Plot No.: [grid] Building Name: [grid]
Road: [grid] Landmark: [grid]
City/District: [grid] State: [grid] Pin Code: [grid]
Mobile No.: [grid] Landline No.: [grid]
E-mail ID: [grid]

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

ADDITION / CORRECTION IN PAN

[ ] Policyholder [ ] Life Assured [ ] Nominee / Beneficiary [ ] Appointee

PAN No.: [grid] Please submit self attested copy of PAN Card

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.:

Appointee's Details

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. \_\_\_\_\_

(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.

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

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## 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: \_\_\_\_\_

Date:

Place: \_\_\_\_\_

## FOR OFFICE USE ONLY

Signature Verified:  Yes  No

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

Bank/Branch staff signature: \_\_\_\_\_

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