

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 Name of Policyholder: Adhaar No.: | No. 3: |
| | ubmit FATCA / CRS self certification). |
| 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 | |
| Please submit copy of self attested Photo ID proof. | |
| Flat/Plot No.: Building Name: Landmark: Road: Landmark: Landmark: City/District: Landmark: Landmark: Mobile No.: Landline No: Landline No: E-mail ID: Landdress Proof / Telephone Bill / Mobile Bill, as per the request submitted. | Pin Code: |
| 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 Ihereby give my consent to the Company to use my Aadhaar number for e-KYC authentication purpose and to obtain my details from UIDAI records 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 authentication. | |
| Customer Signature: Date: F | lace: |
| ACKNOWLEDGMENT SLIP-POLICY SERVICING REQUEST | Star Union Dai-ichi Life Insurance |
| Signature of the Policyholder: | A joint venture of |
| 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) |



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| CHAN | CE IN | LECAL | ENTITY |
|------|-------|-------|--------|
| CHAN | GEIN | LEGAL | |

| Name of New Entity: |
|---|
| Nature of New Entity: |
| Partnership Firm Private Company Public Company HUF 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.) Appointee Name: (Mr./Mrs./Ms.) Relationship with the Nominee: Appointee's Date of Birth: Appointee's Address: |
| Flat/Plot No.: Building Name: Landmark: Road: Landmark: Pin Code: City/District: State: Pin Code: Mobile No.: Landline No. E-mail ID: E-mail ID: Aadhaar No.: PaN No.: Appointee's Details Aadhaar No.: Pan 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/We Mr./Ms. |
| Date: Place: Appointee KYC to be attested by the Appointee and Policyholder. Signature of Appointee |
| MODE CHANGE |
| 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: 5 ^m 10 ^m 15 ^m 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: 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 (9:00 am to 7:00 pm – Mon to Sat) | Email: customercare@sudlife.in | Website: www.sudlife.in IRDAI Regn. No. 142 | CIN: U66010MH2007PLC174472

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| CORRECTION IN DATE OF BIRTH |
|--|
| Policyholder Life Assured Nominee / Beneficiary Appointee |
| |
| 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: Image: Construction of the second |
| Reason for change: Death of previous Policyholder Others (please specifty): |
| Proposer's Address: Flat/Plot No.: Building Name: Plot No.: Building Name: Buildi |
| 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 |
| If NO, 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 |
| I, Mr./Ms./Dr |

Date: Place: _



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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 | |
| Date: Place: | Address | |
| | PAN / Aadhaar No.: | |
| | | |
| 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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