

## FREE LOOK CANCELLATION FORM

### POLICY DETAILS

Policy No.																									
Name of Policyholder:																									
Phone No.:													Mobile No.:												
Email ID:																									
PAN No.:																									
Nominee Name:																									

### POLICY CANCELLATION REQUEST UNDER THE FREE LOOK CANCELLATION

(A) I request for cancellation of the above policy under the Free Look Cancellation Option as mentioned in the welcome letter of the policy document. The reason for the above request is,

Disagreement with the Terms and Conditions of the policy document.

I have received the policy document on 

D	D	M	M	Y	Y	Y	Y
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 and am returning the same within the free look period.

(B) I request you to transfer the Free Look amount to

Fund Transfer - New application number \_\_\_\_\_  Bank Account (as given at proposal stage or as given below)

### BANK ACCOUNT DETAILS (MANDATORY, IF NOT PROVIDED AT PROPOSAL STAGE)

Account Holder's Name:																									
Bank Name:																									
Branch Name:																									
Bank A/c No.:													IFSC code:												
MICR code:													Loan A/c No.:												
**Digital Loan A/C No.:																									

(\*mandatory for payment to Union Bank of India NRE and Union Bank of India Assigned policy)

**Note: Account has to be Active and at least 6 months to 1 year old.**

### DECLARATION

I hereby declare that I am the rightful policyholder of this policy and understand that this payout is due to me as per the terms and conditions of the policy contract. In this regard, I hereby provide complete KYC details of self and undertake to abide by all the terms and conditions of the policy contract. Star Union Dai-ichi Life Insurance Company reserves the right to reject the request if the condition as specified in the policy document is not fulfilled.

Date: 

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

Signature of Policyholder: \_\_\_\_\_

### ACKNOWLEDGEMENT SLIP – FREE LOOK REQUEST FORM

Policy No.																								
Name of Policyholder:																								

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

Thank you for choosing Star Union Dai-ichi Life Insurance Co. Your request will be processed and you will receive a communication from us.  
Third Party Declaration

### 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. - \_\_\_\_\_

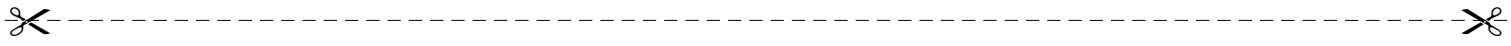
### For Office Use Only

Request received within Free look period:  Yes  No

Document submitted by customer: Policy Document  Yes  No

Branch staff signature: \_\_\_\_\_

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



**Star Union Dai-ichi Life Insurance Co. Ltd.**

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

☎ 1800 266 8833 (Toll Free / 022-39546200 (Landline) - Timing: 8:00 am to 8:00 pm (Mon-Sat).

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