

FUND SWITCH / PREMIUM RE-DIRECTION REQUEST FORM



Funds Applicable to – SUD Life Dhruv Tara

Fund Name	Segregated Fund Identification Number (SFIN)	From %	To %			
			Pension Balance Fund	Pension Equity Fund	Pension Growth Fund	Pension Bond Fund
Pension Balance Fund	ULIF 007 31/03/09 SUD-PI-BL1 142					
Pension Equity Fund	ULIF 005 31/03/09 SUD-PI-EQ1 142					
Pension Growth Fund	ULIF 006 31/03/09 SUD-PI-GR1 142					
Pension Bond Fund	ULIF 008 31/03/09 SUD-PI-BN1 142					

Funds Applicable to SUD Life New Dhruv Tara

Fund Name	Segregated Fund Identification Number (SFIN)	From %	To %			
			Pension Apex Equity Fund	Pension Apex Growth Fund	Pension Apex Balance Fund	Pension Apex Bond Fund
Pension Apex Equity Fund	ULIF 013 20/01/10 SUD-PA-EQ1 142					
Pension Apex Growth Fund	ULIF 014 20/01/10 SUD-PA-GR1 142					
Pension Apex Balance Fund	ULIF 015 20/01/10 SUD-PA-BL1 142					
Pension Apex Bond Fund	ULIF 016 20/01/10 SUD-PA-BN1 142					

Funds Applicable for SUD Life Dhan Suraksha Express

Fund Name	Segregated Fund Identification Number (SFIN)	From %	To %	
			Growth Fund	Express Balanced Fund
Growth Fund	ULIF 003 25/02/09 SUD-LI-GR1 142			
Express Balanced Fund	ULIF 017 29/04/11 SUD-LX-BL1 142			

PREMIUM RE-DIRECTION

Premium Redirection		
Fund Names	Segregated Fund Identification Number (SFIN)	New %
Balance Fund	ULIF 001 18/02/09 SUD-LI-BL1 142	
Equity Fund	ULIF 002 25/02/09 SUD-LI-EQ1 142	
Growth Fund	ULIF 003 25/02/09 SUD-LI-GR1 142	
Bond Fund	ULIF 004 25/02/09 SUD-LI-BN1 142	
Apex Equity Fund	ULIF 009 20/01/10 SUD-LA-EQ1 142	
Apex Growth Fund	ULIF 010 20/01/10 SUD-LA-GR1 142	
Apex Balance Fund	ULIF 011 20/01/10 SUD-LA-BL1 142	
Apex Bond Fund	ULIF 012 20/01/10 SUD-LA-BN1 142	
Express Balance Fund	ULIF 017 29/04/11 SUD-LX-BL1 142	
Blue-chip Equity Fund	ULIF 019 11/12/13 SUD-LI-EQ2 142	
Income Fund	ULIF 020 11/12/13 SUD-LI-BN2 142	
Growth Plus Fund	ULIF 023 11/12/13 SUD-LI-BL2 142	
Balanced Plus Fund	ULIF 024 11/12/13 SUD-LI-BL2 142	
Pension Balance Fund	ULIF 007 31/03/09 SUD-PI-BL1 142	
Pension Equity Fund	ULIF 005 31/03/09 SUD-PI-EQ1 142	
Pension Growth Fund	ULIF 006 31/03/09 SUD-PI-GR1 142	
Pension Bond Fund	ULIF 008 31/03/09 SUD-PI-BN1 142	
Pension Apex Equity Fund	ULIF 013 20/01/10 SUD-PA-EQ1 142	
Pension Apex Growth Fund	ULIF 014 20/01/10 SUD-PA-GR1 142	
Pension Apex Balance Fund	ULIF 015 20/01/10 SUD-PA-BL1 142	
Pension Apex Bond Fund	ULIF 016 20/01/10 SUD-PA-BN1 142	
Total		

ACKNOWLEDGEMENT SLIP - FUND SWITCH / PREMIUM RE-DIRECTION

Policy No.:

Name of Policyholder:

Fund Switch Premium Re-direction Fund Switch and Premium Re-direction

Thank you for choosing SUD Life. Your request will be processed within 10 days subject to documents being complete.

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





FATCA/CRS Declaration

I, Mr./Ms./Dr. _____
 hereby confirm that the information provided above with respect to my 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 also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days 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 further understand and agree that as may be required by domestic regulators /tax authorities, the Company may make necessary reporting and provide reportable details to CBDT, or close or suspend my account. 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 further agree to submit a new form within 30 days if any information or certification on this form becomes incorrect. 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:

Signature of the Policyholder:

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:

Signature of Declarant

Occupation _____

Address _____

PAN No. _____

FOR OFFICE USE ONLY

Signature verified: YES NO

Branch staff signature: _____

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

Star Union Dai-ichi Life Insurance Company Limited

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

☎ : 18002668833 (Toll free) / 022-39546300 (Landline) - Timing 8:00 am to 8:00 pm (Mon - Sat).

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