MATURITY FORM AND ADVANCE DISCHARGE VOUCHER

DETAILS OF POLICYHOLDER:

Policy Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Date of Maturity: D D M M Y Y Y Y

Name of the Policyholder / Beneficiary: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Pincode: ☐☐☐☐☐☐

District: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ State: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Phone No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Mobile No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Is the Policy assigned: ☐ Yes ☐ No

If assigned, Name of the Assignee: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

- **Residential Status (NRI)** ☐ Yes ☐ No. If Yes, Country of Residence (Tick the correct option)
  (If the answer to the above question is 'Yes', please specify your country of residence and it is mandatory to fill in FATCAICRS Form)

- **Enclose copy of PAN Card and provide your PAN here** ☐☐☐☐☐☐☐☐☐☐
  (Tax would be deducted at source @1% at the time of payment. The rate of TDS is 20% in case you do not submit a valid PAN card)

BANK ACCOUNT DETAILS (MANDATORY):

I/We, _____ (Name of Life assured/assignee) hereby authorize

SUD Life Insurance Co. Ltd. to directly credit the claim proceeds to my Bank Account, as per details given below:

Account No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ IFSC No.: ☐☐☐☐☐☐☐☐☐☐☐

Bank Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Type of Account: ☐☐☐☐☐☐☐☐☐☐☐☐☐ Branch Address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

*Please attach preprinted Cancelled Cheque Leaf or photocopy of Bank Passbook with transactions updated in last 3 months.

MATURITY DISCHARGE VOUCHER:

I _____ do hereby acknowledge the receipt of Rs.* ☐☐☐☐☐☐☐☐

towards the maturity proceeds under my Policy Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

This is in full and final discharge of all the amounts due and payable under the above numbered policy on the life of _____
_____ (Name of Life Assured).

*For unit linked policies, maturity value of the policy will depend on the Fund Value as on the Date of Maturity; if holiday, NAV as of next working day will be applicable.

Signature of Policyholder / Life Assured: _____ **Place:** _____ **Dated:** _____

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) / 022-3954 6300 (Landline) | Timing: 8:00 am to 8:00 pm (Mon - Sat).
E-mail: customercare@sudlife.in | Website: www.sudlife.in | IRDA Regn. No. 142 | C.I.No. U66010MH2007PLC174472