

# REFUND REQUEST FORM

**Mandatory documents of policyholder - Self attested Photo ID & Address Proof, PAN, Customised cancelled cheque / Pass-book, Policy document/Indemnity bond (as applicable)**

Proposal not received     Excess Premium Refund     Unclaimed Amount (Individual / Group)

Application No. \_\_\_\_\_ Policy No. \_\_\_\_\_ COI No. (Group Policy) \_\_\_\_\_

Name of Policyholder:

Transaction ID: \_\_\_\_\_ Transaction Date: \_\_\_\_\_ Amount: \_\_\_\_\_

(Transaction details are mandatory if refund request is for 'Proposal not received')

## ADDRESS AND CONTACT DETAILS (Self attested KYC documents mandatory)

Flat/Plot No.:  Building Name:

Road:  Landmark:

City/District:  State:

Pin Code:  Contact No.:

Email ID:

PAN:  (mandatory)

Are you a resident of jurisdiction outside India  Yes  No

(If the answer to the above question is 'Yes', kindly fill FATCA/ CRS Form)

Country of Residence \_\_\_\_\_

## Bank Account Details (Mandatory)

Account Holder's Name:

Bank Name:

Branch Name:

Bank A/C No.:  IFSC Code:

MICR Code:  \*Loan A/C No.:

\*\*Digital A/C No.:  (\*mandatory for payment of Assigned policy)

(\*\*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 BY POLICYHOLDER / NOMINEE

I hereby declare that I am the rightful policyholder/nominee 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 reserves the right to reject the request if the condition as specified in the policy document is not fulfilled. I/ We understand that the Company is not able to offer any tax advice on CRS/ FATCA or its impact. I/ We shall seek advice from 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 as may be required by domestic regulators/tax authorities the Company may also be required to report, reportable details to CDBT or close or suspend my account.

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Policyholder's / Nominee's signature:

## ACKNOWLEDGEMENT SLIP - REFUND REQUEST FORM

Policy No./COI No./Application No. \_\_\_\_\_ Type of Request: \_\_\_\_\_

Policyholder's/Nominee's Name:

Thank you for choosing Star Union Dai-ichi Life Insurance. Your request will be processed in 10 days subject to documents being complete

## DECLARATION TO BE MADE IF

Policyholder/Nominee has affixed thumb impression OR Policyholder/Nominee has signed in vernacular OR Policyholder/Nominee has not filled the Application.

I Mr./Ms./Dr. \_\_\_\_\_

Address \_\_\_\_\_

having known the Policyholder/Nominee for a period of \_\_\_\_\_ (month/years); do declare that I have explained the contents of this form to the Policyholder/Nominee in his/her language and have truthfully recorded the answers provided by him/her. I further declare that the Policyholder / Nominee has affixed his signature/thumb impression in my presence.

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Signature of Declarant: \_\_\_\_\_

## FOR OFFICE USE ONLY

Signature verified:  YES  NO

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

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

### Branch Checklist:

- Documents as per Unclaimed documents requirement list  Yes  No
- Cancelled Cheque in original / Pass Book Copy (self attested):  Yes  No
- Photo ID proof (self attested):  Yes  No
- Address proof (self attested):  Yes  No
- Customer Signature Verified:  Yes  No

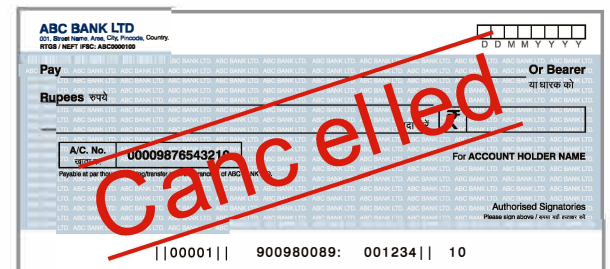
## IMPORTANT GUIDELINES

Please visit our website [www.sudlife.in](http://www.sudlife.in) and check the 'Whats New?' section on the home page for Unclaimed Amount. Submit the documents required basis the 'Reason' provided against your policy.

All proofs submitted to be attested by policyholder .In case of Death-Unclaimed amount ; proofs should be attested by the Nominee.

Cancelled cheque with pre-printed name of the account holder / Self attested Bank Statement / Pass Book attested by bank submitted is mandatory

Documents Required-Unclaimed Amount
<b>Reason - Termination/Excess Premium/Annuity/ Surrender</b> 1. Cancelled cheque 2. Bank Statement 3. Address Proof 4. Photo Identity Proof 5. PAN copy 6. Passbook Copy with name, address and account details
<b>Reason -Excess Premium (Group Policy)</b> 1. Name of Member 2. Loan Account No. ( duly attested by the Bank) 3. Savings Bank Account No. (duly attested by the Bank)
<b>Reason - Claims</b> Requirements for Individual Death Claim (Claims settled but not paid) 1. Nominee's Death Certificate 2. Succession Certificate from Court of Law 3. Bank details of the Beneficiary mentioned in Succession Certificate Requirements for Group Surrender (MRTA) Claims (EFT Rejects) 1. KYC of Life Assured 2. Bank details of the Life Assured - Cancelled Cheque with pre printed name / Bank Pass book copy Requirements for Individual / Group Death Claims (EFT Rejects) 1. KYC of Nominee 2. Bank details of the Nominee - Cancelled Cheque with pre printed name / Bank Pass book copy



### Customer Service Touch Points

Toll Free No: 18002668833 or  
 Land line No: 022 39546300 (Charges apply)  
 Timing: 8:00 am to 8:00 pm (Mon - Sat)  
 Email Id: [customercare@sudlife.in](mailto:customercare@sudlife.in)

### Star Union Dai-ichi Life Insurance Company Limited

Registered Office: Star Union Dai-ichi Life Insurance Company Limited, 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) - 8:00 am to 8:00 pm (Mon - Sat).

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

Requirements for Maturity Claims - Non Pension

1. KYC of Policyholder
2. Bank details of the Policyholder - Cancelled Cheque with pre printed name / Bank Pass book copy
3. Original Policy Document
4. Maturity Discharge Voucher duly filled and signed

Requirements for Maturity Claims - Pension

1. KYC of Policyholder
2. Bank details of the Policyholder - Cancelled Cheque with pre printed name / Bank Pass book copy
3. Original Policy Document
4. Maturity Discharge Voucher duly filled and signed
5. Annuity Option Sheet duly filled and signed
6. Proposal Form duly filled and signed  
(where Fund Value is equal to or more than Rs. 5 lacs)
7. Age Proof (where Fund Value is equal to or more than Rs. 5 lacs)

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