9M APPLICATION FOR TRANSFER OF FUNDS FOR ISSUANCE OF NEW POLICY

DDDMMYYYY



This form should not be used for switching of units in Unit Linked Insurance Policies (ULIPs). At the time of submitting the form please provide copy of Policy holder's (Proposer) self attested photo identity proof. Additional documents may be required for verification at the discretion of the branch. **Policy Number** Name of Proposer/ Assignee Contact Nos. F-Mail ID TRANSFER OF FUNDS DETAILS Reason for Transfer of Funds: (Please tick) * Issuance of a new policy is only applicable for Pre-issuance \$ Freelook refund provided that the sourcing agent is same for both the policies. Issuance of another policy* Top Up for another policy Renewal premium In case of Refund Cheque Resubmitted, please provide the following details: Cheque No **Cheque Amount** Bank Name & Branch A. Application/ Policy No (From where the B. Application/ Policy No.(To where the In case of any balance amount payable, we shall Amount (Rs.) transfer the same to the application no funds will be transferred) funds will be transferred) mentioned in column B. In case you want us to refund the balance amount, then please tick the below option : Refund the balance amount payable Please note: • Transfer of Funds or Refund Chaque resubmitted for issuance of a new policy is not allowed for Misseling/Surrender/Partial Surrender Refund. • Please mention the correct Application/ Policy number, wherever applicable. • Sufficient funds should be available in the Policy from where the funds will be transferred. • Application/ Policy should be of the same customer or he/ she should be present in any of the roles. Disclaimer: I hereby declare that I have read and understood the contents of this form. I have thereafter applied to the Company for carrying out the transaction indicated by me in the form of tick marks in the relevant boxes. I understand and agree that in carrying out the above transaction as applied by me, the Company shall be deemed to have carried it out entirely as per my instructions and shall incur no liability whatsoever in that regard. l also understand and agree that this transaction does not in any way mean that the Company has accepted the risk under the said Application or that the Policy stands issued by the Company. Signature of Proposer/ Assignee* *in case of absolute assignment **DECLARATION** Applicable when the Proposer is illiterate or suffering from disability due to which writing is restricted or the proposer has signed in vernacular language. Note: Must be witnessed by someone other than the advisor/agent/employee of the Company. I (Full name of Witness) (Relation with Proposer) adult and inhabitant of (Address) do hereby declare that I have read and explained the contents of this form to the Proposer and he/she/they have understood the same. Signature of Witness FOR OFFICE USE ONLY: Request submitted by C C S CR CS **Spaarc Call ID** Date STAMP & TIME **Received By Scanning Cabinet** Remarks **ACKNOWLEDGEMENT OF APPLICATION FOR TRANSFER OF FUNDS** Application / Policy No. Name of Policy Holder Stamp **Branch Name**

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