


IRDAI Regn. No. 135. | Corporate Identity Number: U66010MH2007PLC167164.
22nd Floor, A Wing, Marathon Futurex, N. M. Joshi Marg, Lower Parel (E). Mumbai - 400013.
Toll Free: 1800 209 0502 (Monday to Saturday; 8 am to 8 pm). E-mail: support@idbifederal.com.
www.idbifederal.com

FREE-LOOK REQUEST FORM


(Kindly fill in Block Letter and Use Black Ink)

Any alterations/corrections made in the form need to be signed by the policy owner. Please use a separate request form for each policy.


POLICY INFORMATION																											
POLICY NO																											
POLICY OWNER NAME	F	I	R	S	T	N	A	M	E	M	I	D	D	L	E	N	A	M	E	L	A	S	T	N	A	M	E
CONTACT DETAILS	MOBILE									EMAIL ID																	
	LAND LINE (STD CODE)																										
Note: Your email id will be registered for "Go Green" and all future communications regarding your policy/ies will be sent to this email id. This may lead to discontinuance of physical statements.																											
REQUEST TYPE	<input type="checkbox"/> FREELook CANCELLATION										<input type="checkbox"/> FREELook CHANGES																
REASON FOR CANCELLATION/ CHANGES	<input type="checkbox"/> Premium amount not as understood										<input type="checkbox"/> Product does not meet my requirement																
	<input type="checkbox"/> Currently no requirement										<input type="checkbox"/> Change in premium amount																
	<input type="checkbox"/> Change in plan										<input type="checkbox"/> Financial Reasons																
	<input type="checkbox"/> Change in sum assured																										
	Other reasons, please specify _____																										
POLICY HOLDER IDENTIFICATION DETAILS																											
PAN No																											
CKYC No																											
EIA No																											
DOCUMENTATION (Mandatory Requirement)																											
Are you a citizen of USA (Including green card holder) <input type="checkbox"/> YES <input type="checkbox"/> NO										<input type="checkbox"/> Yes I have attached a cancelled cheque with preprinted name of the account holder /self-attested Bank statement or Pass-book copy duly attested by Bank.																	
Are you a tax resident of any country other than India? <input type="checkbox"/> YES <input type="checkbox"/> NO										<input type="checkbox"/> Yes, I have submitted the policy document																	
Note: <ul style="list-style-type: none"> If the response to any of the above question is YES, please submit a FATCA_CRS form available on our website. I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect or changes. In case of NRE/NRO account details please submit a FATCA_CRS form available on our website. 										<input type="checkbox"/> Yes, I have enclosed a fresh application with illustration (applicable incase of freelook changes) Note: In case valid PAN is not provided to IFLI, the Company shall not be liable for the non benefit of the credit of Tax Deducted at source.																	
BANK DETAILS FOR PAYOUT																											
ACCOUNT HOLDER NAME	F	I	R	S	T	N	A	M	E	M	I	D	D	L	E	N	A	M	E	L	A	S	T	N	A	M	E
BANK NAME AND BRANCH																											
BANK ACCOUNT NUMBER																											
ACCOUNT TYPE	<input type="checkbox"/> SAVINGS										<input type="checkbox"/> NRE / NRO *																
IFSC CODE																											
* For NRE bank account,letter from Bank/bank statement confirming premiums are received from the NRE account is mandatory . * In case cancelled cheque copy is of New Account, self attested copy of bank statement is mandatory.																											
Note: IFLI will not be responsible in case of non - credit to customer's account for reasons of incomplete/incorrect bank account information provided by the customer																											
FOR OFFICE USE																											
DATE	D	D	M	M	Y	Y	Y	Y	Y	TIME (Tick✓)	<input type="checkbox"/> BEFORE 3pm										<input type="checkbox"/> AFTER 3pm						
STAMP OF BRANCH											SIGNATURE OF OFFICIAL																



Acknowledgment Slip



Received a request for Policy Cancellation / Freelook changes against policy no _____ on Before 3:00 pm After 3:00 pm



In association with Ageas
IDBI Federal Life Insurance Co Ltd

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Seal /Stamp of the Branch with Signature

DISCHARGE RECEIPT

I/We hereby agree to accept the payout amount and confirm of having understood and agree to all the conditions and information mentioned in the form.

I / We discharge the company, IDBI Federal Life Insurance Co Ltd of all my / our claims or demands and responsibilities under the above mentioned policy.

Affix One Rupee
Revenue Stamp &
Sign Across

Note: Discharge Voucher stands cancelled incase request made towards policy payment is rejected by IDBI Federal Life Insurance Co Ltd

DECLARATION BY POLICY HOLDER

I hereby understand that as per the terms and conditions of the policy document, Freelook can be availed be me within T+15 days (T is the date of receipt of policy pack by me) and that IFLI reserves the right to reject the freelook request if the condition as specified in the policy document is not fulfilled.

I hereby undertake to abide by all the terms and conditions of the policy document. I hereby agree to accept the Freelook value as per the policy contract and discharge IFLI in full satisfaction under this policy.

I hereby give my consent to IDBI Federal Life Insurance to contact me or send any communication related to my policy/ies on my mobile number/email ID.

I hereby give my consent to IDBI Federal Life Insurance to send any communication related to my policy/ies on my Whats App Account.

Signature of the Policy
Holder/ Assignee
*(having understood and
agreed to above declaration)*

PLACE

DATE

D	D	M	M	Y	Y	Y	Y												

DECLARATION (By Person filing the form on behalf of the policy holder for forms signed in Vernacular languages or Thumb Impression)

I _____, having known the policy holder for a period of _____ do declare that I have explained the nature of questions contained in this form to the policy holder. I have also explained that the answers to the questions form the basis for accepting this request for Freelook Cancellation/ Changes.

Signature of the Person
filling the form on behalf
of the policy holder
*(For forms signed in Vernacular
Language/ Thumb Impression)*

PLACE

DATE

D	D	M	M	Y	Y	Y	Y												

GENERAL INSTRUCTION

1. If application for cancellation for Unit Linked Product is received upto 3:00 pm on a week day except holiday, the same day's unit value will be applicable. However if the application is received after 3:00 p.m. the next declared NAV will be applied.
2. All the required details in the form should be completely filled in.
3. In case policy is assigned, payout will be made to the Assignee and request needs to be signed by Assignee, if payout is required to be made to Assignor then Assignment form is required first.
4. IFLI reserves the right to reduce the amount of the refund by expenses incurred by us in issuing your policy and as permitted by IRDAI regulations.