



IDBI Federal Life Insurance Co Ltd

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

UNCLAIMED PAYOUT 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)																																						
CURRENT ADDRESS																																							

POLICY HOLDER IDENTIFICATION DETAILS

PAN No																														
CKYC No																														
EIA No																														

DOCUMENTATION (Mandatory Requirement)

Are you a citizen of USA (Including green card holder) YES NO

Are you a tax resident of any country other than India? YES NO

Note:

- 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.

Yes, I have submitted Self attested valid KYC proof

Yes, I have submitted Self attested Address Proof

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.

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	TIME (Tick✓)	<input type="checkbox"/> BEFORE 3pm	<input type="checkbox"/> AFTER 3pm																				
STAMP OF BRANCH											SIGNATURE OF OFFICIAL																				

Acknowledgment Slip

Received a request for Refund against policy no _____ on Before 3:00 pm After 3:00 pm

IDBI Federal Life Insurance Co Ltd

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

Seal /Stamp of the Branch with Signature

DECLARATION BY CLAIMANT

I hereby declare that I am the rightful owner/ 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. IFLI reserves the right to reject the request if the condition as specified in the policy document is not fulfilled. I hereby agree to accept the amount due and as declared unclaimed on the website of IFLI as per the policy contract and discharge IFLI in full satisfaction under this policy.

RESIDENTIAL DECLARATION BY POLICY HOLDER

I am a Non Resident Resident of India within Section 6 of the Income Tax Act, 1961. In the event there is any income tax demand (including charges or levies) raised in India in respect of these amounts, I/we undertake to pay the demand forthwith and indemnify and hold IDBI Federal Life Insurance Company Ltd. harmless from any income tax demand (including interest, penalty, charges or levies) raised in India on the IDBI Federal Life Insurance Company Ltd. on account of any misstatement / misrepresentation/ errors of omission or commission by me or any other person, and provide IDBI Federal Life Insurance Company Ltd. with all information/documents that may be necessary for any proceedings before Income-tax /Appellate Authorities in India.

I/We understand that TDS will be applicable as per the prevailing tax laws of India and if valid PAN is not provided, TDS will be deducted as per the prevailing tax rates. IFLI, the company will not liable for the non benefit of credit of Tax deducted at source.

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.



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

Signature of the Policy Holder/ Assignee <i>(having understood and agreed to above declaration)</i>	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 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.

Signature of the Person filling the form on behalf of the policy holder <i>(For forms signed in Vernacular Language/ Thumb Impression)</i>	PLACE																
	DATE	D	D	M	M	Y	Y	Y	Y								

GENERAL INSTRUCTION

1. Please use a separate request form for each policy.
2. Please update your latest communication details, as all future communication will be sent to the address mentioned on this form. The Company will not be liable for any loss arising from non receipt of communication.
3. Request must be received from Life Assured upon auto vesting.