



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

Grid for Policy Information including fields for POLICY NO, POLICY OWNER NAME (First, Middle, Last Name), CONTACT DETAILS (Mobile, Land Line, Email ID), and CURRENT ADDRESS.

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.

POLICY HOLDER IDENTIFICATION DETAILS

Grid for Policy Holder Identification Details including PAN No, CKYC No, and EIA No.

DOCUMENTATION (Mandatory Requirement)

Checkboxes for documentation requirements: Are you a citizen of USA, Are you a tax resident of any country other than India, and Yes, I have submitted Self attested valid KYC proof, Address Proof, and cancelled cheque.

BANK DETAILS FOR PAYOUT

Grid for Bank Details including ACCOUNT HOLDER NAME, BANK NAME AND BRANCH, BANK ACCOUNT NUMBER, ACCOUNT TYPE (SAVINGS, NRE / NRO *), and 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

Grid for Office Use including DATE, TIME (Tick), BEFORE/AFTER 3pm, STAMP OF BRANCH, and SIGNATURE OF OFFICIAL.

Acknowledgment Slip section with a box for Seal/Stamp of the Branch with Signature, IDBI FEDERAL logo, and contact information.

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

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.

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.

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 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
*(For forms signed in Vernacular
Language/ Thumb Impression)*

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.