

REFUND REQUEST FORM

Application/Policy No.: Plan Name: Date:

Policyholder Name:

Mobile No: Resident No: Office No:

Email Id:

Contact details mentioned above will be updated in our records for further communication

Instructions: (Please read the below instructions carefully)

- The Company reserves the right to use any alternate mode of payment.
- Cancelled cheque of the given account number is mandatory document to be enclosed. If the cheque copy submitted doesn't contain name/account number, then kindly submit bank statement /passbook duly signed by account holder with details of name and account number
- Self-Attested Address and ID Proof of Policyholder is mandatory document to be enclosed
- If the premium is paid online, and a request for refund of the same is made to the Company, the Customer shall not to approach the Bank for cancellation of amount charged to Credit Card
- *Free-Look Cancellation:
 - Free-look cancellation request will be acceptable within 15 days from the policy document delivery date for all channels except Distance Marketing or electronic mode where it is 30 days from date of delivery of policy document.
 - Original policy document to be enclosed for 'free look' cancellation
 - In case of a free look change of a unit linked product, the unit value as on the date the request is processed in the system will be considered.
 - Any NAV fluctuations as a result of the free look change/ refund will be passed to the policyholder after deducting the pro rata risk premium, stamp duty and charges of medical examination, if any
- **Day : Calculation of Unit Value for the day
Free-Look Cancellation request application received up to 3:00 p.m. on a Business day, the same day's unit value will be applicable. If requests received after Friday 3 pm to Sunday/Non Business day, NAV of the following Monday/ working day will be applicable.
- Self-Attested Address and ID Proof of Policyholder is mandatory document to be enclosed

Select Reason For and Amount of Refund

1. Free Look Cancellation*

Product/Policy features not explained Financial reasons Change of Plan Personal (Marriage, Education, Medical etc.)
Others, please specify _____ Amount _____

2. Pre- Issuance Cancellation

Product/Policy features not explained Financial reasons Change of Plan Personal (Marriage, Education, Medical etc.)
Others, please specify _____ Amount _____

3. Refund of Excess Amount Amount _____ 4. Foreclosure refund Amount _____

Bank Account Details for Direct Credit

Direct Credit (Bank of Baroda and Andhra Bank only) NEFT/ RTGS

| | | | |
|---------------------------------------------|--------------------|---------------------------------|-------------------------------------------------------------------|
| Bank Name | Bank Branch | | |
| Account Holder's Name (As per Bank records) | | | |
| Account Number | Type of Account | <input type="checkbox"/> Saving | <input type="checkbox"/> Current <input type="checkbox"/> NRE/NRO |
| MICR Code ** | IFSC Code# | | |
| Mobile / Phone Number | Email | | |

I/ We hereby confirm that the details provided above are true and correct. I/ We authorize IndiaFirst to deduct from my premium amount towards stamp duty, mortality charges and medical charges as applicable (for Freeloop cancellation request). I also authorize them to re-purchase the units under my plan at the same price as on the day^^ this request is processed in the system. If the transaction is delayed or not affected at all for any reasons due to incomplete or incorrect information, I shall not hold the company responsible in any manner whatsoever. Further, I understand that the company shall not be held responsible for any non receipt of payment on account of wrong / incorrect / incomplete information given by me in this form.

Policyholder's Signature

Branch Official 's Signature and Stamp (Employee Code)

Vernacular Declaration (to be filled if the policyholder is illiterate/signed in a Vernacular language) :

I do hereby state that I have read out and explained the contents of the form to the policyholder in _____ language and he/she have understood the same. I declare that whatever I have stated herein above is true and correct to the best of my knowledge and belief. The policyholder has signed /affixed the thumb impression after fully understanding the contents thereof.

Name of the Declarant : _____ Signature: _____ Relation with the Policyholder _____
Address of the Declarant : _____ Contact No.: _____

I hereby certify that the contents of the form have been clearly explained to me and I have fully understood them. I further certify that the answers recorded in the form are as per the information provided by me.

Signature/Thumb impression

Note: The Declarant identity should be easily established and he/she should not be connected to insurer in any capacity.

For Official Purpose :

Name & Signature of Branch Official with Stamp

Place

Request Date

Request Time

IndiaFirst Life Insurance Company Ltd.,
12th and 13th Floor, North [C] Wing, Tower 4, Nesco IT Park, Nesco Center,
Western Express Highway, Goregaon (East), Mumbai - 400063,
IRDAI Regd. No. 143 | CIN: U66010MH2008PLC183679.

Tel: +91 22 6165 8700 **Fax:** +91 22 6857 0600 **Toll Free:** 1800-209-8700

E-mail: customer.first@indiafirstlife.com **Website:** www.indiafirstlife.com