

Refund Request Form

 Request Date:

 Plan Name:

 Application/Policy No.:

 Transaction Id:
Select Reason For and Amount of Refund

Reason	Amount	Reason	Amount
Pre- Issuance Cancellation		Excess Amount Paid	
Free Look Cancellation*		Excess Amount Deducted	
Stop Payment of Refund (Cheque Not Received)**			

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		

Customer's Address

N	A	M	E																				
L	I	N	E	1																			
L	I	N	E	2																			
L	A	N	D	M	A	R	K																
C	I	T	Y																				
S	T	A	T	E																	Pin Code		

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. 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 effected 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: X _____ 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

Important Notes

- 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
- 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:
 - 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 on to the policyholder.
- **Stop Payment of Refund, Cheque Not Received:
 - Stop payment of refund cheque would be subject to non clearance of amount by the Bank.
 - Direct credit would be processed on confirmation of stop payment by the Bank.
- #IFSC code is mandatory for credit via NEFT /RTGS transactions
- **MICR code is mandatory for credit for ECS payouts
- ^^ Day : Calculation of Unit Value for the day

Time of receiving request for cancellation	Unit value
If received before 3:00 pm from Monday to Friday	Closing unit price of that day
If received after 3:00 pm on Monday to Friday and any time on Saturday & Sunday	Closing unit price of the following business day