

Life Insurance

Aditya Birla Sun Life Insurance Company Ltd.



ADITYA BIRLA
CAPITAL

PROTECTING INVESTING FINANCING ADVISING

Fund Transfer Form

All the information is to be filled in BLOCK LETTERS.

Fund Transfer Request ☐ Partial Withdrawal ☐ Policy Loan ☐ Maturity ☐ Termination ☐ Cancellation With Reissuance ☐ Surrender

From Policy No: EIA A/c number: Date:

Name of the Policy Owner:

Email id: Mobile Number:

Kindly note, this email id will be used for registration of 'Go Green' and will lead to discontinuance of physical statements.

Cheque Number: Cheque Amount: Cheque Date:

New Application/Policy No. Amount (₹):

Balance to Account Relationship of new owner

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Balance to Account Relationship of new owner

FATCA QUESTIONNAIRE

1. Are you holding citizenship of any other country? Yes ☐ No ☐ If yes, please provide country name/s:
2. Are you a tax resident of any other country? Yes ☐ No ☐ If yes, please provide unique Tax Identification Number/s:

Note: If the response to any of the above questions is yes, please submit a detailed NRI questionnaire available with our branch office.

Help us know you better! For which financial goal did you choose your life insurance Policy?

For Your Family & You

- ☐ Childs Education
☐ Childs Marriage
☐ Family Protection & Risk
☐ Protection against Health
☐ Cover Outstanding Loans

For Efficient Financial Planning

- ☐ Saving
☐ Wealth Creation
☐ Tax planning
☐ Business Continuity

For Your Aspirations

- ☐ Wealth Creation
☐ Retirement Planning
☐ Legacy Planning

Bank Account Details (All fields are mandatory)

PAN:

PAN should be furnished when your annual contribution* is Rs. 50,000 or more in a financial year

*Annual contribution would mean total Annual premium across all policies held by you as a customer + sum of all Top ups made in a financial year + any other payments made by you as a customer in the financial year

Bank Name: Branch Name:

Bank Address:

Bank Account Owner's Name: Account Type: Saving ☐ Current ☐ NRE# ☐ NRO ☐

Bank Account Number: 11 Digit IFSC Code:

(You can get this code from your bank)

Note: Aditya Birla Sun Life Insurance Company Limited (ABSLI) will not be responsible in case of non credit to your account or if transaction is delayed or not effected at all for reasons of incomplete/incorrect information provided or rejected by your bank. In case of requisite information for direct credit is not received or transaction rejected by bank the payout will be made vide cheque.

I/We have read and understood the contents of this Application. My Insurance Agent (Relationship Manager) has explained me the implications of my above decision and I have taken this decision of my own volition knowing fully that this may entail additional charges, costs and losses on my earlier and/or new policy/ies. I am/we are aware that I am/we are required to return the original policy document to ABSLI. Submission of this application for transfer of fund will result in termination of the existing policy and will not be reinstated by ABSLI. I undertake to hold ABSLI harmless under all circumstances. I/We also understand and agree that this transaction does not in any way mean that ABSLI has accepted the risk under the new application or that the policy stands issued by ABSLI under the new application.

I also agree and understand that in case of non submission of valid PAN, 20% TDS may be deducted from the payout due to me.

I hereby agree and confirm that the above details provided by me are true and correct. I request you to update above information in your records. I hereby provide my consent to receive call from Aditya Birla Sun Life Insurance Company Limited (ABSLI) or its authorized Service Providers in connection with any matter related to my above Policy.

I understand that in case any disagreement regarding my request during the call, my request for Fund Transfer will be rejected. I also understand that in case ABSLI is unable to reach me on the numbers provided above, my fund transfer request will not be processed and the proceeds from my existing policy will be credited to my bank account details of which are stated above and registered in ABSLI records.

Signature of Policy Owner/
Trustee if MWP Policy/
Assignee in case the policy is assigned

Date:

Palce:

Please affix
₹1 revenue
stamp and
sign across

I (Branch Head) have explained the implication of above decision to the customer and s/he is completely aware that this may entail additional charges, cost and losses on her /his earlier and or new policy. I also confirm that the contact details (contact number, email id and address) provided by the customer in the new proposal for insurance have not changed in the last 6 months and I have verified the same.

Signature of Branch Head

Date:

D	D	M	M	Y	Y	Y	Y
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DECLARATION BY THE PERSON FILLING IN THE FORM (For form filled in by a scribe or for forms signed in vernacular languages / bearing Thumb Impression) Signature of Person filling the form Signature of Policy Owner or Assignee / Thumb Impression

I _____, residing at _____ having known the Policy Owner for a period of _____ do declare that I have explained the nature of the questions contained in this form to the policy owner. I have also explained that the answers to the questions form the basis for accepting the request for Fund Transfer.

Signature of person filling the form

Signature of Policy Owner or Assignee / Thumb Impression

Note: In case of Thumb Impression attestation should be from a Notary / Gazetted Officer/ SEM / Bank Branch Manager / ABSLI Branch Manager or a person of Local Standing with Name, Signature, EMP Code, Seal as applicable

For Branch Use Only (All fields are mandatory)

Fund Transfer submitted by ☐ Customer ☐ Advisor ☐ Third person Date:

D	D	M	M	Y	Y	Y	Y
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 Before 3 PM ☐ After 3 PM ☐

ABSLI Staff's Name, Employee ID and Signature: _____

Reference No. _____

Branch
Stamp

Please collect stamped, signed and filled up acknowledgment slip, which you can refer to for all your communications in regard to this request.

IMPORTANT GUIDELINES

1. If request for Unit Linked Product is received up to 3:00pm IST on a weekday (Mon-Fri), the same day's NAV will be applicable. However, if the request is received after 3:00pm IST, then the next declared NAV will be applicable. If the request is received on Saturday, then the next declared NAV will be applicable.

NAV applicability will be subject to receipt of the request along with the policy document and requirements as applicable.

2. No Surrender request will be accepted without policy document.

3. Self attested copy of **Valid Photo** Id is Mandatory. List of Valid Photo ID proofs are given below:

- Aadhaar Card
- Passport
- Bankers Certificate/Employer's Certificate with Photograph
- PAN Card
- Driving License

(For payout request received along with request for change in signature, only the above mentioned 4 photo ids are valid).

- PIO Card with photograph
- ESIC Card with photograph
- Armed Force ID cards with Photograph
- Post Office Savings A/c, PPF A/c with photograph
- Employees ID card with Photograph
- Bar Council ID for Lawyers of with photograph
- Letter issued by Unique Identification (UIN) Authority of India containing details of name, address and Aadhaar number is accepted as valid KYC Identification (Photo ID) and Address proofs

Please note that Valid Photo ID of customer and 3rd party can be attested by Customer Service Executive – other documents by authorized signatories.

- All MDRT, COT, TOT and CEO club members qualified for the last calendar year are also authorized signatories. Either of these documents needs to be attested any of the following authorised signatories
 - (As mentioned in the existing form)
4. For Bank Details, please note:
 - Original Cancelled cheque with pre-printed name & account number is mandatory
 - In case the cancelled cheque does not have the Policy Owner's name and account number pre-printed, then a copy of the Bank Statement/Bank Passbook with account number and account owner's name needs to be submitted. Computerized Bank statement displaying pre-printed name and account number of the policy owner can be accepted if the same is attested by authorized ABSLI personnel.
 - In case cancelled cheque carries pre-printed name and account number, but has "New Account" printed on it, kindly submit an attested copy of the passbook/bank statement bearing pre-printed or handwritten name and account number. Please carry original passbook/bank statement to the branch for verification purposes. -
 - Cheque submitted along with payout requests should be cancelled/defaced. While doing so, please ensure that the account number /IFSC code is clearly visible.
 - Cheque should not be signed

Important: Only the front page of the passbook/portion of the bank statement that shows the account holder's name, address, account number and IFSC code should be submitted. Pages showing transactions should not be submitted.

5. **For request submitted by Third Person.**

Self attested valid copy of Id proof and Authorization letter from the policy owner is mandatory.

6. **Please note:**

- **Maturity/Termination:** The policy proceeds will be computed on the date of policy maturity/termination.
- **Partial Withdrawal:** Partial withdrawal is subject to administrative guidelines. If the request is for an amount higher than the amount eligible, the application would be processed only for the amount eligible.
- **Loan:** a) Loan is subject to administrative guidelines b) If the request is for an amount higher than the amount eligible, the application would be processed only for the amount eligible c) the original policy document would be retained by the company. The same shall be returned only upon full repayment. d) Payment towards loan should be specifically stated; else it will be treated as renewal premium. e) In case the fund value depreciates more than the outstanding loan amount, the policy will lapse.

7. **Section 10 (10D)** of the Income - Tax Act 1961, provides exemption in respect of all the payments made for a life insurance policy which satisfies the prescribed conditions of premium : sum assured ratio. In order to avail exemption under Section 10 (10D), the amount of premium payable to sum assured at any time of the term of policy should not exceed defined ratio provided below.

Finance Act 2014 has introduced a new TDS provision under Section 194DA in the Income Tax Act 1961 on the insurance policies.

On or before 31st March 2003	No criteria prescribed (TDS Not applicable)
On or after 1st April 2003 but on or before 31st March 2012	Annual Premium should be maximum 20% of the Actual capital Sum Assured in any of the years OR Actual capital Sum Assured should be minimum 5 times Premium in any of the years
On or after 1st April 2012	Annual Premium should be maximum 10% of the Actual capital Sum Assured in any of the years OR Actual capital sum assured should be minimum 10 times Premium in any of the years

As per the new section (applicable from 1st October 2014), if the policy proceeds are not eligible for exemption under Section 10 (10D) of the Act and your total payout value for a year exceeds Rs. 100,000, then the tax deductions will be as under:

- At 1% (for valid PAN registered with us)
- At 20% (for valid PAN not registered with us)

The applicable deduction will be withheld by us before releasing the payment and the same shall be deposited with Government authorities

In case valid PAN details are not available with us, TDS certificates would not be generated from Income Tax website. Also, in the absence of PAN, TDS credit would not get reflected in Form 26AS

Important points:

1. In case the TDS to be deposited with Government authorities is more than payout value, then the balance TDS shall be recovered from the existing fund of the policy.
2. In case the available Fund value post payout is also not sufficient for the TDS, then the surrender request shall be declined by ABSLI.
3. **For NRI** - TDS will be applicable as per relevant provisions of Income Tax Act 1961 or as per Double Taxation Avoidance Agreement between India and country of residence of Policy Owner

FOR/9/17-18/802

Acknowledgement Slip

☐ Fund Transfer

Reference No.: _____

Date:

☐ Before 3 PM

☐ Before 3 PM

Please note, in case you have opted for NACH/ECS/DD and your due date is with 10days within request, your account might get debited for the premium due. However, same shall be refunded to you within 3 working days into the same account from where the money was debited.

We thank you for choosing Aditya Birla Sun Life Insurance as your preferred insurance partner and hope that you will reconsider our products in the near future.

Policy Number:

Name of Policy Owner: _____

Branch: _____ Received by: _____

Stamp/Seal of the branch

Aditya Birla Sun Life Insurance Company Limited
(Formerly known as Birla Sun Life Insurance Company Limited)
Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1,
16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg,
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www.adityabirlasunlifeinsurance.com

Life Insurance

Aditya Birla Sun Life Insurance Company Ltd.



**ADITYA BIRLA
CAPITAL**

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