## POLICY SERVICING FREELOOK CANCELLATION (Traditional and Unit Linked product) REQUEST FORM



IN LINKED POLICY, THE INVESTMENT RISI	K IN INVESTMENT PORTFOLIO IS	BORNE BY THE POLICYHOLDER	3
Policy Number:		PAN*:	(Please enclose copy of PAN card)
Name of Policyholder:			
Landline / Mobile No.	Email Id:		
EIA No:	Correspondence	Address:	
RESIDENCE FOR TAX PURPOSES IN JURI (If 'YES' then mandatorily fill the NRI/PIO/OC  1. FREELOOK CANCELLATION (Unit Link I, the Owner of the policy would like to cance Not satisfied with policy terms & condition	CI/Foreign Nationals Questionnaire/led and Traditional Products) el the policy which I have received of	on with	orm) nin freelook period due to No requirement
I understand and agree that the cancellat Documents Submited (Please tick appropriation	tion would be subject to the free	elook cancellation policy provision	
2. PAYMENT DETAILS (MANDATORY) Nat	ional Electronic Fund Transfer (NI	EFT)	
Name of Bank Account Holder			
Full Name of the Bank		Branch Name	
Bank Account No			
RESIDENT   NON RESIDENT			
Account Type: Current Savings	Additional docume	count refund cheque with NRE lette	taxation laws in force)
IFSC Code:	MICR Code:		your cheque book)
Original personalized cancelled cheque is n bank and submitted along with copy of Bank  CERTIFICATION / ATTESTATION BY ACC  We hereby certify that the particulars furnish	COUNT HOLDER'S BANK: (Bank hed above are correct as per our re	attestation is necessary in case original ca	ginal cancelled cheque is not attached.
Bank Authorized Signatory with Date		anch	Bank Stamp
DECLARATION AND AUTHORICATION			
DECLARATION AND AUTHORISATION  I/We authorize Tata AIA Life Insurance Compa provided by me/us may be shared with third pa are correct and complete. If the transaction is institution i.e Tata AIA Life Insurance Company the change occurs. I understand that on Freeloc settlement of the claim under the policy and the treated as valid on acceptance by the company along with the requirements mentioned under S taxes, duties, surcharge, cesses or levies, as ma and benefits secured under Policy, shall be born	arties for compliance with any legal or delayed or not effected at all for the would not be held responsible. I/We so by Cancellation of the policy, the policy be Company will stand discharged of all with proper branch, date and time stanged of all 2. freelook cancellation requay be imposed by Government, any signal.	regulatory requirements. I/We hereb reasons of incomplete or incorrect in shall intimate Tata AIA Life about any a stands cancelled and terminated and its further liabilities. I/We understanding freelook cancellation request to be quests received through any other more request to be the standard or th	y declare that the particulars given above nformation provided above then the user change in the above details as and when d that such a payment will be full and final d and agree that, the said request shall be be submitted in person by the Policyholder bde are liable to be rejected. All applicable
Signature of Policyholder/Assignee/Trus	stee (if other than insured)	Signa	ture of Witness
		M M Y Y Y Y	

Diagonal	Name of Witness:				
Place:					
Address:		Materia Na			
		Mobile No.:			
DECLARATION IN CASE OF POLICYHOLDER IS ILLITERATE OR SIGNING IN VERNACULAR:					
I (name) with (identity type) (identity number)					
hereby declare that I have explained the contents of the Request for Change Form to the Life Insured / Policyholder in					
language and that the Life Insured /Policyholder has signed / affixed his/her thumb impression on the Request for Change Form after fully understanding					
the contents thereof.					
Signature of Declarant	Name and Signature of Witness	Life Insured/Policyholder Signature/			
		thumb impression here			
NOTE: 1. All signatures must be in blue ink. 2. For each signatory, there should be	a witness with the Signature				
The witness has to be 21 years old	and above, who is not the beneficiary of this policy.				
<ol><li>The stamp duty, cost of insurance, r by the consumer.</li></ol>	nedical cost (if any) and applicable taxes, cesses and	I levies will be deducted from the initial premium paid			
by the consumer.					
FOR OFFICE USE					
Request submitted by:   Policyholder   Agent   Courier   Third Party (Pls. specify if not by Policyholder)					
	igoni obanis nima i arty (i ioi opoony ii				
Calling done by (Employee Name)		Employee Code			
Contacted No.	Date   D   D   M   M   Y   Y   Y   Y   Time	Branch Code			
		DIATICIT Code			
Branch Name					

Website: www.tataaia.com • Helpline No 1-860-266-9966 (local charges apply) • email: customercare@tataaia.com • SMS "SERVICE" to 58888

Tata AIA Life Insurance Company Ltd. (IRDA of India Regn. No. 110 • CIN: U66010MH2000PLC128403).

Registered & Corporate Office Address: 14th Floor, Tower A, Peninsula Business Park, Senapati Bapat Marg, Lower Parel, Mumbai 400013.

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