

Life Insurance

Aditya Birla Sun Life Insurance Company Ltd.



ADITYA BIRLA CAPITAL

PROTECTING INVESTING FINANCING ADVISING

Free Look Request Form

All the information is to be filled in BLOCK LETTERS.

Date:

FREELook CANCELLATION FREELook CHANGES Application/Policy Number:

Name of the Policy Owner: _____

Address of the Policy Owner: _____

PAN: Mandatory

Date of receipt of Original Policy Document:

Note : As per Government of India and IRDAI Notification it is mandatory to update PAN/Form60 details in All your policies before 31st March, 2018 to ensure uninterrupted services for your policy(s).

Insurance Advisor's Details: _____

Mobile Number: Email id: _____

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.

Freelook Cancellation

Checklist

- Original policy document including First Premium Receipt
- Indemnity bond in lieu of original policy document
- Cancelled Cheque with Pre-printed name of the policy owner, Bank statement/Passbook copy incase NEFT details are not provided
- Attested PAN copy
- Any other documents, pls. specify _____

Reason For Cancellation

- Product/Policy features are not as agreed upon by me
- Premium amount not as agreed by me
- Financial reasons
- Paying term not as agreed by me
- Others, please specify _____

Freelook Changes

Details of changes opted for: Change in Plan Any other changes Please specify _____

CHECKLIST: Original policy document including First Premium Receipt Indemnity bond in lieu of original policy document Fresh Illustration
 Fresh Application with Illustration Any other documents, Please specify _____

REASON FOR CHANGES: Premium amount not as agreed/understood Financial reasons Others Please specify _____

1. I hereby declare that I have evaluated the options of partial withdrawal and policy loan before making this application and found that the same do not meet my requirements. Further, I also understand that the benefits of policy continuity and that the applicable policy charges reduce are the initial lock in period. I confirm and agree that I have read and understood all the relevant policy provisions and guidelines and their consequences and that I have applied for Free Look cancellation out of my free volition and consent¹.
2. I hereby understand that as per the terms and conditions of the policy contract. Freelook option can be availed by me within T+15 days (30 days in case the policy issued under the provisions of IRDAI Guidelines on Distance Marketing¹ of Insurance products) (T is the date when the policy documents is received by me) and as specified under IRDAI Protection of Policyholders Regulation 2017. I further agree that Aditya Birla Sun Life Insurance Company Limited reserves its right to reject the free look request if it does not satisfy the conditions of free look cancellation.¹
3. I hereby agree to accept the Freelook value refund of premium paid subject to a deduction of proportionate risk premium for the period of cover and expenses incurred by ABSLI on medical examination and stamp duty charges as per the policy contract and discharge Aditya Birla Sun Life Insurance Company Limited in full satisfaction under this policy, and understand that no further claims of whatsoever nature will be payable under this Policy.
4. I declare that I have not availed any Freelook option earlier for the above stated Application.
5. I also declare that I have submitted the necessary requirements to process my request as mentioned in the checklist.

¹ Distance Marketing includes every activity of solicitation (including lead generation) and sale of insurance products through voice mode, SMS electronic mode, physical mode (like postal mail) or any other means of communication other than in person.

Date:

Signature of Policy Owner/Assignee in case the policy is assigned Place: _____

Please Affix
₹ 1
Revenue
Stamp and
Sign Across

Acknowledgement Slip

Free-Look Cancellation Free-Look Changes Name of Policyholder: _____

Please collect stamped, signed and duly filled acknowledgement slip, which you can refer to for all your communication in regard to this request.

Application/Policy No.: Date Stamp and Time: _____

Branch: _____ Received by: _____

Stamp/Seal of the branch

