Aditya Birla Sun Life
Insurance Company Ltd.

ADITYA BIRLA CAPITAL
LIFE INSURANCE

Free Look Request Form

All the information is to be filled in BLOCK LETTERS.

Date: D D M M Y Y Y Y

☐ 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: D D M M Y Y Y Y

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 question 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 _____

BANK ACCOUNT DETAILS (ALL FIELDS ARE MANDATORY)

BANK DETAILS: Mandatory as per IRDAI guidelines, Please provide bank details for direct transfer into your account.

Bank Name: _____

Branch Name: _____

Bank Address: _____

_____

Bank Account Holder's Name: _____

Bank Account Number: _____

MICR Code: _____ 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.

FOR BRANCH USE ONLY

☐ Freelook period verified (The date on which Policy Document received by the Client + 30 days)

☐ Verification of the Client's signature on the request form with the Application form

☐ The entire questions in the request form has been filled, signed & dated by the client

- Policy Document Received by Customer
- Freelook Request Received Date: D D M M Y Y Y Y

Name & Sign of the branch official: _____

Branch Name: _____

Date: D D M M Y Y Y Y Time: H H M M

Stamp/Seal of the branch

FOR HEAD OFFICE USE ONLY (FREE-LOOK VERIFICATION)

Policy Document Received Date: D D M M Y Y Y Y Freelook End Date: D D M M Y Y Y Y

Client Request Received Date: D D M M Y Y Y Y Branch Received Date: D D M M Y Y Y Y

Freelook Status: Within Freelook / Out of Freelook _____

Signature Verification: Verified / Mismatch _____

Type of Request _____

Closure Date: D D M M Y Y Y Y Effective Date: D D M M Y Y Y Y

1. 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 consent'.
2. I hereby understand that as per terms and conditions of the policy contract , freelook option can be availed by me within 30 days (commencing from the delivery date of the insurance policy by the IR to the EIA of the policy holder or 30 days from the date of delivery of the physical bond to the policy holder, in the event the policy holder has opted for a physical bond; whichever is later) and as specified under IRDAI (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024. 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.
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 hereby agree that where the policy is bought through sources which inter-alia includes QROPS Transfers, NPS Transfers, Group superannuation policies, the refund shall be processed as per the applicable regulatory guidelines and circulars.
5. For annuity plans, the amount refunded shall only be used to purchase another annuity from ABSLI or other Annuity Service Providers. The premium paid will be refunded in the NPS trust/ Trustee bank account.
6. I declare that I have not availed any Freelook option earlier for the above stated Application.
7. I also declare that I have submitted the necessay requirements to process my request as mentioned in the checklist.

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

Date: D D M M Y Y Y Y

Place: _____

Please Affix `1 Revenue Stamp and Sign Across

FOR/12/25-26/1443

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: _____ Stamp/Seal of the branch

Branch: _____ Received by: _____

IMPORTANT GUIDELINES

- If application for Unit Linked Product is received up to 3:00 pm IST on a weekday (Mon-Fri), the same day's unit value will be applicable. However, if the application is received after 3:00 pm IST or on Saturday, Sunday or a public holiday as declared by the government, then the next declared NAV will be applicable.
- Please note, the Freelook payout would be credited to the account from which the initial premium was remitted by you. The payment will be made to the Policy Owner's account for cases wherein the payor and the owner would be different. In case that account is of a bank which does not have NEFT facility, we will issue a cheque towards the payout. Such cheques will be account payee cheque with the account details printed on it.
- Freelook: Any NAV fluctuations as a result of the freelook refund will be passed on to the policyholder.
- We reserve the right to reduce the amount of refund by proportionate Risk Charges and expenditure incurred by us in using your policy and as permitted by applicable IRDAI guidelines.
- The freelook period would be effective from: 30 days commencing from the delivery date of the insurance policy by the IR to the EIA of the policy holder or 30 days from the date of delivery of physical policy bond to the customer, in the event the customer has opted for a physical policy bond; whichever is later.
- Aditya Birla Sun Life Insurance Company Limited (ABSLI) will not be responsible in case of non-credit to customer's account or transaction is delayed or not effected at all for reasons of incomplete/incorrect information to customer's account or if transaction is delayed or not effected at all for reasons of incomplete/incorrect information.

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