

Did you know what your policy was doing for you?

Four informational boxes: 1. Your insurance product delivers best value in the long term. 2. The cost of Protection Coverage at a young age is cost effective. 3. You can avail Partial Withdrawal to meet your emergency requirement. 4. The applicable Policy Charges diminish after the initial lock in period.



FREE LOOK REQUEST FORM

Any alterations/corrections made in the form need to be signed by the policy owner. Please use a separate request form for each policy.

Request Type: ( whichever applicable)

Input fields for FREELook CANCELLATION and FREELook CHANGES.

Date input field with dd/mm/yyyy format.

Name of the Policyholder input field with Title, First Name, Middle Name, and Surname sub-fields.

Date of receipt of Original Policy Document input field with dd/mm/yyyy format.

For quicker processing of your request & to update any change in communication address, kindly provide your LATEST contact information

Correspondence address input field with Pin Code sub-field.

Contact details/Call back number: Telephone (O) No. with STD Code sub-field.

Telephone (R) No. with STD Code sub-field and Mobile No. (Mandatory) input field.

E-mail input field.

Insurance Advisor's Details input field with Title, First Name, Middle Name, and Surname sub-fields.

Contact Number input field.

- Five numbered declarations regarding policy evaluation, understanding of terms, agreement to freelook value, and submission of requirements.

Policy Holder's Signature, Date, and Place input fields.

FREELook CANCELLATION

CHECKLIST

Checklist for cancellation including original policy document, indemnity bond, cancelled cheque, and latest contact details.

REASON FOR CANCELLATION

Reasons for cancellation: Product/policy does not meet expectations, No requirement, Premium amount not as agreed, Financial reasons, Others.

FREELook CHANGES

Details of changes opted for :

Change in Plan and Any other changes input fields.

CHECKLIST

Checklist for changes including original policy document, indemnity bond, cancelled cheque, fresh illustration, and latest contact details.

REASON FOR CHANGES

Reasons for changes: Premium amount not as agreed, Financial reasons, Others.

Acknowledgement Slip Free-Look Cancellation Free-Look Changes

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

We regret your decision and hope you have evaluated all the benefits of continuing with your policy prior to making this application. We thank you for choosing Birla Sun Life as your preferred insurance partner and hope that you will reconsider our products in the near future.

Policy No. and Name of Policy Holder input fields.

Branch, Received by, and Date Stamp and Time input fields.



**Payment Method:(Tick the desired option). If nothing selected then payout will be processed through Physical Refund Cheque**

Direct Transfer to my Account (not applicable for NRE A/c's)       Physical Refund Cheque

Please provide details if "Direct Transfer to my Account" selected (Kindly fill in BLOCK LETTERS only)

Bank Name:

Bank Address:

Bank Account Holder's Name:

Bank Account Number:

MICR Code:  (You can get this code from your cheque book)

11 Digit IFSC Code:  (You can get this code from your bank)

**Note:** Birla Sun Life Insurance will not be responsible in case of non-credit to customer's account or if 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 • In case the requisite information for Direct Credit is not received the payout will be made vide cheque.

Kindly Affix  
Rs.1  
Revenue  
Stamp &  
Sign Across

Signature: \_\_\_\_\_

**For Branch Use Only**

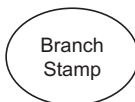
- Free-Look period verified (The date on which Policy Document received by the Client +15 days)
- Verification of the Client's signature on the request form with the Application form
- The entire questions in the request form has been filled, signed & dated by the client
- Please provide us with the below mentioned details incase the policy document were despatched to your branch for onward delivery to the client:
  - Date of receipt of the Policy document by the branch from Head Office
  - Date on which Policy document were sent to the client
  - Date on which Policy document were received by the Client

Name & Sign of the branch official:

Branch Name:

Date:

Time:



**FOR HEAD OFFICE USE ONLY (FREE-LOOK VERIFICATION)**

**Policy Document Received Date:** \_\_\_\_\_

**Client Letter Received Date:** \_\_\_\_\_

**Free-Look End Date :** \_\_\_\_\_

**Branch received Date:** \_\_\_\_\_

**Free-Look Status : Within Free-Look / Out of Free-Look**

**Signature Verification : Verified / Mismatch**

**Type of Request:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

**Closure Date:** \_\_\_\_\_

**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, then the next declared NAV will be applicable.
- Please update your latest communication address as all future correspondence would be sent to the address mentioned on this form. The company will not be liable for any loss arising from non receipt of communication.
- It is mandatory to fill in the payment details section in this form.
- **Freelook:** Any NAV fluctuations as a result of the freelook refund will be passed on to the policyholder.

**Birla Sun Life Insurance Company Limited**

Regn. No.: 109. Regd. Office: One Indiabulls Centre, Tower 1, 15th & 16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013.  
Contact us: 1-800-270-7000 (Toll Free) www.birlasunlife.com. Insurance is the subject matter of the solicitation.