

Freelook Cancellation Request

Policy No. [grid]
Date [grid]

Dear Sir/Madam,

Please cancel my policy under the free look period and refund the amount as I do not agree with terms and conditions of the policy

For the NAV of ULIP Products, please refer to point no. 2 of the Terms & Conditions on Page 2

Name of Policyholder [grid]
Correspondence Address/ Usual place of residence [grid]
B U I L D I N G [grid] R O A D N A M E / N O. [grid]
L A N D M A R K 1 [grid]
D I S T R I C T / T A L U K A [grid] L A N D M A R K 2 [grid]
C I T Y / V I L L A G E [grid] S T A T E [grid] Pincode [grid]
STD ISD Code [grid] L A N D L I N E [grid] M O B I L E [grid] EMAIL ADDRESS [grid]

Residential status: Indian [checkbox] Non Resident Indian (NRI) [checkbox] Country, if NRI _____

Residence for Tax purposes in Jurisdiction(s) outside India [checkbox] Yes [checkbox] No
(If "Yes" then mandatory to fill the FATCA/CRS declaration)

Bank Account Details

Policyholder Name as per Bank Records [grid]
B A N K N A M E [grid] B R A N C H N A M E [grid]
A C C O U N T N O. [grid] I F S C C O D E [grid] M I C R C O D E [grid]

*Payment will be credited to the given bank account except in the case where the banks are not participating in Electronic Clearing

Signature of the Policyholder

Date [grid]

Attach Cancelled Cheque Here

Policyholder's signature to be taken on cancelled cheque. Cancelled cheque should bear the name of the policyholder/account holder and IFSC/RTGS/NEFT Code. In the absence of these details, the applicant needs to submit a recent bank statement of the same Bank Account. The bank a/c number should be clear and visible (please do not cross on a/c no.). If such details are not available, direct transfer would not be an option.

FOR BRANCH USE ONLY (Please Tick Off)

- Customer personally visited the branch
- Self-attested customer identity proof verified with original and stamped as 'original seen and verified'
- Personalised cancelled cheque OR non-personalised cheque - Bank Statement (with transactions preceding 3 months) OR Bank Authorization.
- Signature Proof Attached
- Given account number matches with the account number in the attached cancelled cheque/Bank Statement
- Request Time Stamp Affixed
- Policy is assigned

Customer Acknowledgement

Policy No. SR No. Date

D	D	M	M	Y	Y	Y	Y
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Signature of the Customer Care Executive (CCE) _____ Branch Stamp _____ Date

D	D	M	M	Y	Y	Y	Y
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 Name of the CCE

Reliance Nippon Life Insurance Company Limited. IRDAI Registration No: 121. Registered Office: Reliance Centre, 5th floor, Off Western Express Highway, Santacruz East, Mumbai, Mumbai-City District, Maharashtra-400055. For more information or any grievance, 1. Call us between 9am to 6pm, Monday to Saturday on our Toll Free Number 1800 102 1010 or 2. Visit us at www.reliancenipponlife.com or 3. Email us at: mlife.customerservice@relianceada.com. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited & Nippon Life Insurance Company and used by Reliance Nippon Life Insurance Company Limited under license.

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