GENERALI Central
LIFE INSURANCE

FREELOOK CANCELLATION FORM

SRN No:

FACTS TO BE CONSIDERED BEFORE FILLING UP THE FORM

Gains in continuing with your life insurance policy:
Continued life cover
Charges get reduced in the long run
Long term benefits as per product features
Tax benefits

Losses in withdrawing your life insurance policy:
No life cover
Compromise on your long term savings goals
Deductions would be done as per FLC norms
All policy related benefits shall cease

Instructions: 1. The policyholder must sign any cancellation / alteration. 2. In case of ULIP , complete application received by the Branch/Head office of the insurer up to 3 p.m, on a working day, the same day's closing NAV will be applicable. If application is received after 3 p.m., units will be redeemed at the next working day's unit price. 3. This application will not be effective till it is officially accepted by Generali Central Life Insurance Co. Ltd. 4. Please refer to the policy contract for terms and conditions regarding freelook cancellation
5. Account number is mandatory for all types of payments. Request you to submit original cancelled cheque and if the cheque is not personalized, pl provide copy of the latest bank statement/ pass book.
6. This form along with the required documents can be sent to 'Customer Service Department, Generali Central Life Insurance Co. Ltd, Unit 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083. Tel.: 91-22-4097 6666

1. PARTICULARS OF THE POLICYHOLDER

a) Policy Number

b) Full Name: Tiltle Surname First Name Middle Name

c) Contact Details S T D Mobile

Email Address

2. DETAILS REGARDING FREELOOK CANCELLATION

Name of the Plan

Date of receipt of Original Policy Document D D M M Y Y Y Y

What is the primary reasons for Cancellation of your policy?

3. DOCUMENTS RECEIVED

Freelook Form ☐ Original Policy Document / Indemnity bond ☐ Original Cancelled Cheque ☐ Bank Pass Book Copy ☐ Cancellation letter ☐

Others (if any)

4. MANDATORY DECLARATION BY BRANCH OFFICIALS:

We hereby confirm that we have explained the benefits of policy continuance, shared the illustration & the implication of freelook of the aforementioned FGILI Life Insurance Plan to the Policyholder.

Policy document received date D D M M Y Y Y Y

Freelook Request Date D D M M Y Y Y Y

Freelook Status : Within Freelook / Beyond Freelook

Signature Verification : Verified / Mismatch

BOE Signature

6. FOR OFFICE USE ONLY (AFFIX DATE AND TIME STAMP HERE)

BOE Name

Emp Code

Branch Manager Remarks (If Any) :

Generali Central Life Insurance Co. Ltd, Unit 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083. Tel.: 91-22-4097 6666

ACKNOWLEDGEMENT

We acknowledge the receipt of request for Freelook Cancellation for Policy No: _____

Branch Name

Documents received with this request

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

Name of branch co-ordinator

Signature of branch co-ordinator

Generali Central Life Insurance Co. Ltd, Unit 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083. Tel.: 91-22-4097 6666

5. PAYMENT DETAILS

Name of Payee as in the Bank Account

* Where the policy is absolutely assigned the payout will be processed in favor of the Assignee

Bank Name

Branch Name

Bank Account Number

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

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

Note :

- I understand that any payout under the policy shall be in accordance with the policy terms and conditions.
- I hereby declare that the particulars given in this form are true, correct and complete in all respects.
- I take full responsibility of accuracy and correctness of all the details mentioned on the request form.
- Further, I undertake that I shall not hold the Company reponsible for non receipt of payment due to wrong / incorrect / incomplete information given by me in this form.
- I also understand and agree that the company reserves the right to use any alternative payout option.

6. DECLARATION BY THE POLICYHOLDER

I wish to withdraw the amount from units credited to my policy (As Applicable). I understand and agree to all information and Terms and conditions given above and in my policy contract.

Place

Date D D M M Y Y Y Y

Signature of Policy holder or Assignee / Thumb Impression

MANDATORY

7. DECLARATION BY THE PERSON FILLING IN THE FORM (For form filled in by a scribe or for forms signed in vernacular languages / bearing Thumb Impression)

I _____, residing at _____ having known the policy holder for a period of _____ do declare that I have explained the nature of the questions contained in this form to the policy holder. I have also explained that the answers to the questions form the basis for accepting the request for Freelook Cancellation

Signature of Person filling the form

Date D D M M Y Y Y Y

Signature of Policy holder or Assignee / Thumb Impression

Date D D M M Y Y Y Y

Attestation for Thumb Impression

Note: In case of Thumb Impression attestation should be from a Notary / Gazetted Officer/ SEM / Bank Branch Manager / FGI Branch Manager or a person of Local Standing with Name, Signature, EMP Code, Seal as applicable

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