

Declarations and Agreement

I understand and agree that:

- I/We would be required to comply with additional terms on the basis of the aforesaid change/s
- The aforesaid change/s would be effective only when notified to be accepted by Go Digit Life Insurance Limited
- I/We agree that the Company may provide/transfer/retain any information available with the Company related to me/us, obtained in connection with processing of my proposal or the policy and servicing thereof to any reinsurers, insurance association, medical registrar, statutory authorities/bodies or services providers engaged by the Company for policy servicing related activities without any further reference to me/us
- I/we agree that the Company may share my/our information with other insurers for the underwriting and claims settlement purposes
- I/We understand that i/we have an option to review and correct the information already provided or not to provide the data or information sought, also, at any time while availing the services or otherwise, if we have an option to withdraw my/our consent for sharing of data given earlier, such withdrawal of the consent should be sent in writing to the Company. In the case i/we do not provide or later on withdraw my/our consent, the Company shall have the option not to provide me/us the services

Name of Policyholder/Assignee	Signature	Signature date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you a US Citizen or US tax resident Yes No If Yes, Please provide TIN: _____

Vernacular Declaration

Declaration by person filling form:

I have explained the contents of this form to the Policyholder _____ in language and I have correctly recorded the answer provided to me. I further declare that the policyholder has signed/affixed his/her thumb impression in my presence.

Declarant's Name:

Declarant's Address:

City: State: Pin Code:

Declarant's Signature: Date: Place: _____

**The person giving this declaration can be any person other than Introducing Advisor or MOA or MOM"

DECLARATION* IN CASE THIS POLICY SERVICE REQUEST FORM IS FILLED BY A PERSON OTHER THAN THE POLICYHOLDER OR SIGNED IN VERNACULAR LANGUAGE:

Declaration by Policyholder:

I hereby declare that the contents in the form have been fully explained to me and I declare that whatever is stated hereinabove has been recorded as per the information provided by me.

Thumb impression/Signature of Policyholder

IRDAI Registration number: 165, CIN: U66000PN2021PLC206995. Registered Name: Go Digit Life Insurance Limited, Registered Address: Ananta One (AR One), Pride Hotel Lane, Narveer Tanaji Wadi, City Survey No.1579, Shivajinagar, Pune – 411005, Maharashtra, Corporate Office Address: Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru-560095, Karnataka, Help line no.: 9960126126, Website: www.godigit.com/life

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