



PSB000101

Policy/Application Number Date / / **For Office Use Only**

Received By _____

Signature

Time & Date of Receipt _____

Received
Stamp**Change in Fund allocation (Switching of Funds)****Please enter the New Fund allocation percentage**

From	To					
	Equity Fund/ Equity II Fund	Growth Fund/ Growth II Fund/ Growth Plus Fund	Balanced Fund/ Balanced II Fund/Balanced Plus Fund	Debt Fund/ Debt Plus Fund	Liquid Fund	NAV Guarantee Fund series 1
Equity Fund/ Equity II Fund						
Growth Fund/ Growth II Fund/ Growth Plus Fund						
Balanced Fund/ Balanced II Fund/Balanced Plus Fund						
Debt Fund/ Debt Plus Fund						
Liquid Fund						
NAV Guarantee Fund series 1						

Request forMaturity/Safety Switch option Opt in Opt OutAuto Fund Rebalancing Opt in Opt OutMilestone Withdrawal Opt in Opt OutSystematic Partial Withdrawal Opt in Opt OutSettlement options Opt in Opt Out

If the settlement option is opted in, please specify frequency of withdrawal

 Monthly Quarterly Semi Annual Annual**Allocation/Redirection of Premium**Renewal Premium Top-up Premium Amount of Top-up
premium (₹)

Vide DD/Cheque no.

Name of the Fund	Allocation
Equity Fund / Equity II Fund	
Growth Fund /Growth II Fund /Growth Plus Fund	
Balanced Fund /Balanced II Fund /Balanced Plus Fund	
Debt Fund /Debt Plus Fund	
Liquid Fund	
NAV Guarantee Fund series	
Total	100%

**Partial Withdrawal Facility**Total Withdrawal Amount (₹)

Kindly fill in the % or amount to be withdrawn from each Fund if you wish the withdrawal to be executed from specific Funds. In the absence of any such information, the amount will be withdrawn as per the current allocation % of funds in the policy.

From Fund Name:	Equity Fund/ Equity II Fund	Growth Fund/ Growth II Fund/ Growth Plus Fund	Balanced Fund/ Balanced II Fund/Balanced Plus Fund	Debt Fund/ Debt Plus Fund	Liquid Fund	NAV Guarantee Fund series 1
Withdrawal Percentage/ Amount						

Signature of Policyholder/AssigneeSignature/Thumb Impression of
Policy holder
Signature/Thumb Impression of Assignee
(Required in case of Absolute Assignment of Policy)

Name of Policy holder/Assignee _____

I understand that to proceed with the request there may be a requirement of additional documentation. I agree to submit additional documents as applicable. I fully understand the meaning and scope of this Policy Servicing request and I am submitting the completed form of my own volition.

Declaration, if form is signed in Vernacular language/Thumb impression above

I _____ Son/Daughter
of _____ am an adult and residing
at _____


do hereby declare on solemn affirmation as under: I have read out and fully explained the contents of the form and all other documents in _____ language incidental to make the necessary changes in the Policy to Mr./ Mrs./ Ms. _____ and he/she has understood the significance of the change. I have truthfully and correctly recorded the replies given by the Policy holder /Assignee and that the Policy holder /Assignee has affixed the signature/thumb impression above after fully understanding the contents thereof.

Solemnly affirmed at _____

Date **Signature of Declarant**

- Product specific requests/funds will be allowed, only if it is applicable under the respective terms & conditions of the Policy. Please refer to the terms and conditions of the Policy for details. The specimen formats for additional documentation can be downloaded from our website. Alternatively you can contact us through the various options as mentioned below.
- Processing of the requests will be initiated on receipt of this form at any of our Company's Offices. In case of Unit Linked Policies, for the requests impacting the funds of the Policy, if application is received before 3:00 pm on a business day, NAV of same day will be applicable. If received after 3:00 pm, next business day NAV will be applicable.
- Register now on our website to avail the benefits of various options for on-line servicing of your Policy.

The SFIN (Segregated Fund Index Number) for: Equity Fund is ULIF00116/06/08EQUITYFUND136, Equity II Fund is ULIF00607/01/10EQUITYIIFND136, Growth Fund is ULIF00216/06/08GROWTHFUND136, Growth II Fund is ULIF00707/01/10GROWTHIIFND136, Growth Plus Fund is ULIF00913/09/10GROWTPLFND136, Balanced Fund is ULIF00316/06/08BLNCEDFUND136, Balanced II Fund is ULIF00807/01/10BLNCIIIFND136, Balanced Plus Fund is ULIF01013/09/10BLNCDFUND136, Debt Fund is ULIF00409/07/08INDEBTFUND136, Debt Plus Fund is ULIF01115/09/10DEBTPLFUND136, Liquid Fund is ULIF00514/07/08LIQUIDFUND136, NAV Guarantee Fund series 1 is ULIF01215/04/11NAVGFUNDSI136

 Toll free at **1800-103-0003 / 1800-180-0003 (BSNL/MTNL)**
 SMS at **9779030003**
 E-mail us at **customerservice@canarahsbclife.in**
 Visit us at our website **www.canarahsbclife.com**