

Others (Please Specify) _____
(will be subject to Company's discretion for acceptance)

CORRECTION OF NAME

Life Assured Nominee Appointee

.....
(Title) (First Name) (Middle Name) (Last name)

Request you to kindly submit duly signed Policy Servicing form along with following additional documents as applicable in order to proceed with your request.

Type of Identity Proof: Passport Driving License Birth Certificate Pan Card Others (Please specify)

Request you to kindly submit duly signed Policy Servicing form along with self-attested valid identity proof in order to proceed with your request.

CHANGE REQUEST FOR

Nominee Appointee Relationship with life assured

.....
(Title) (First Name) (Middle Name) (Last name)

I, _____, would like to change my Nominee/Appointee for above mentioned Policy, due to following reason _____

CORRECTION OF DATE OF BIRTH

Are you making the request while you are in US. Yes No

Life Assured Nominee Appointee

New DOB (DD/MM/YYYY) [.....][.....]/[.....][.....]/[.....][.....][.....]

Type of Age Proof: Passport Driving License Birth Certificate Pan Card Others (Please specify)

Request you to kindly submit duly signed Policy Servicing form along with self-attested valid age proof in order to proceed with your request.

CORRECTION OF GENDER

Are you making the request while you are in US. Yes No

Life Assured Nominee Appointee

Type of Identity Proof: Passport Driving License Birth Certificate Pan Card Others (Please specify)

Request you to kindly submit duly signed Policy Servicing form along with self-attested valid identity proof in order to proceed with your request.

I/We authorize the Company to seek/ store or/and to share my KYC details from/ with (i) Governmental and/or Regulatory Authority, (ii) Insurance Repositories (iii) CERSAI/UIDAI (iv) reinsurers/group companies/hospital or diagnostic centers/other insurance companies or third parties for underwriting assessment, claim investigation/ settlement, KYC authentication, policy servicing purpose and such like purposes.

Name of Member Insured

Date

Signature/Thumb Impression of Member Insured

Note: Please route your request through concerned bank branch.

Declaration, if this form is signed in Vernacular/Thumb Impression:

I hereby declare that I have explained the contents of this form to the Policyholder Mr/Mrs/Ms _____ in _____ language and that the Policyholder has affixed the thumb impression(s)/signed in language other than English in my presence after fully understanding the contents thereof.

Name of Declarant _____ Signature _____ Date _____ Place _____

Instruction & Disclaimer:

- Kindly fill in the details in English only.
- In the event of any disagreement in interpreting the content, English version will prevail.
- There are restrictions on requests of Top-ups, Increase or Decrease in Sum Assured, Changes in Funds (including Fund Switch and Redirection), Revival of Policies, any request that results in change of premium or policy feature while the customer is in the US. We reserve the right to restrict any other policy servicing request basis the applicable US Laws. Please contact our call center for further Information.
- The original form will be submitted back to the customer incase request taken through Distributor App.

Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited (IRDAI Regn. No. 136) 2nd Floor, Orchid Business Park, Sector-48, Sohna Road, Gurugram-122018, Haryana, India Regd Office : Unit No. 208, 2nd Floor, Kanchenjunga Building, 18 Barakhamba Road, New Delhi - 110001, Corporate Identity No.- U66010DL2007PLC248825, Contact 1800-180-0003, 1800-103-0003(Tel)/ +91 0124 4535099 (Fax)/ Email : customerservice@canarahsbclife.in, Website : www.canarahsbclife.com.