

Policy Revival/ Increase In Sum Assured Form



aapke vaade,
sar aankhon par



PSA000101

Policy/Application Number

Date / /

For Office Use Only

Received By _____

Signature

(Please mention above Employee Bank Staff Name & Designation)

Date & Time of Receipt/ _____

Date & Time of Dispatch of Request _____

Received
Stamp

Please update your latest Bank Account details with us.

Change in Contact Details

① Mobile

☎ Residence Ph.

Please tick this box, if you want us to contact you on the above mentioned contact number future communication purpose.

✉ Email _____

CKYC No.

A) Request for Increase in Sum Assured

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

(Option available for selected Plans. The changes shall be effective from next Policy Anniversary. Please refer your policy terms and conditions.) I (Policyholder) request you to increase my Sum Assured for the above mentioned Policy to _____

B) Request for Revival of Policy

I (Policyholder) request you to revive my above mentioned Policy which has lapsed. I confirm having made the payment of an amount of _____ (please mention Cheque/DD details through which payment is made) _____

Please complete the questions below for the "Life Assured" for Revival of Policy/Increase in Sum Assured by ticking the appropriate box. (If your policy has premium funding benefit/waiver of premium option, a separate form needs to be submitted).

- Has there been any change in your occupation between the date of the proposal and this declaration? Yes No
- Has there been any change in your residential status between the date of proposal and this declaration? Yes No
- Have you applied for any other Life insurance policies or has any proposal/request for Revival of lapsed Policy on your life ever been postponed, declined, withdrawn or accepted at extra premium or have you ever made a claim under a policy of Life/Health insurance after the date of original proposal by Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited or any other Life Insurance Company? Yes No

Proposal means the application made for issuing this Policy.

In case "Yes" is marked against any of the questions above please attach an additional sheet to give complete details such as nature of new occupation; details of Life insurance policies (year of issue, name of Life Insurance Company, sum assured, annual Income, riders if any, acceptance terms (std/accepted at extra premium); new address for change in residential status, etc.

Health Declaration

- Has there been any change in the status of your health between the date of the original proposal and this declaration? Yes No
- Have you consulted any doctor for surgical operation or have been hospitalized for any disorder or been advised to undergo any medical investigation/treatment/consultation/or have any recurrent medical condition/symptoms for any medical condition other than minor cough, cold or flu? Yes No
- Have you ever been investigated/treated or diagnosed with any of the following conditions?

Hypertension/High Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chest Pain/Heart Attack	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other heart disease/problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	HIV infection/AIDS or positive test to HIV	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes/High blood sugar/sugar in urine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nervous, Psychiatric or mental disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stroke/Paralysis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tuberculosis, or any other Lung disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Liver problems/Jaundice/Hepatitis B or C	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney problems or disease of reproductive organs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancer/Tumor or growth, Cyst of any kind	<input type="checkbox"/> Yes <input type="checkbox"/> No	Blood disorder (Such as Haemophilia, Thalassemia)	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Have you suffered from any accident or injury from the date of lapse till the date of this application for Revival? Yes No
- If responses to any of the questions for 1 to 7 above are yes, please provide details below or attach a separate sheet (if necessary) in the same format which should be duly signed.



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Date of event/ diagnosis	Diagnosis	Investigations Done	Treatment Details	Name, address & contact number of the doctor/ hospital	Current status (including current medication)

9. Please attach copies of reports/discharge summary as mentioned in 5.
10. Have you been away from work for a continuous period of more than 7 days due to health reasons from the date of lapse till the date of this application? If yes, please provide details Yes No
11. Are you pregnant now? (Applicable for females only) Yes No
If yes duration in weeks _____

Policy Revival/Increase in Sum Assured Form

I/We declare that I/We have answered the questions in this form after fully understanding the nature of the questions and the importance of disclosing all information while answering such questions. I/We further declare that the answers given by me /us to all the questions in this form are true and complete in every respect and that I/ We have not withheld any material information or suppressed any fact.

I/We further declare that this Policy Revival/Increase in Sum Assured form will also be the basis of the contract of insurance and if any untrue statement is contained in this form, the Company shall have the right to vary the benefits which may be payable and further if there has been a non-disclosure of a material fact the Policy may be treated as void and all premiums paid under the Policy may be forfeited to the Company.

If the Life Assured commits suicide for any reason, within one year from Revival of the Policy, no Benefits shall be payable under this Policy, other than the Fund Value as at the date of notification of death.

In order to enable the Company to assess the risk under my policy and any time thereafter, I hereby authorize my past and present employer(s) doctor/hospital/any Life and Non Life Insurance Company/or organization or Life Insurance Associations medical register to release to the Company and the Company to release to any medical source/any life and non life insurance company/or Life Insurance Association's medical register or Government authorities, such details and provide such records of my employment/business or other details as may be required/considered relevant. I give my consent to the Company or its agents to undertake the medical tests necessary for assessing my Policy for Revival/Increase in Sum Assured. I understand this may involve blood tests including HIV antibodies. I declare that in the event of being medically examined by the Company the answers given to the medical examiner authorized by the Company and in the questionnaires provided by the Company will be deemed to be part of the statements and answers given in this application. I/We understand that my/our policy will not be considered for revival/increase in sum assured until the company's written acceptance of this application is received. Please note that policy revival/increase in sum assured form should be signed by both life assured and policy holder.

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 Life Assured

**Signature/Thumb Impression of Life Assured
(In case of change in signature from Original, refer to
Point no. 7 under Instructions section)**

Name of Policy Holder/Assignee
(Assignee details required in case of Absolute Assignment of Policy)

**Signature/Thumb Impression of
Policy Holder/ Assignee**

Date

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

(Mandatory)

Place _____
(Mandatory)



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Payout through Electronic Mode

I hereby request you to update my bank account as per the details furnished below

Bank Account Holder Name:

Bank Name:

Bank Branch Address:

Bank Account Type:

Savings Current (Is the selected account NRE : Yes No

In case of NRE account, it is mandatory that Source of Premium is obtained from customer for each premium paid towards the policy, either if customer wants his entire money to be credited into NRE account or if money has to be split between NRE & NRO accounts.)

Bank Account Number:

MICR Code:

(9 digit number available on your cheque book. Correct code to be provided if the 9 digit number available on the copy of cancelled cheque starts with '000')

IFSC Code:

(11 digit number available on your cheque book; attestation by the Bank in case if this is not printed on the cancelled cheque)

PAN Card Number:

(Mandatory to provide along with self attested copy of PAN Card)*

*As per the new section 194DA, introduced in the Finance Bill 2014; PAN Card details are required for tax deductions for the transactions not exempted under section 10 (10D) of the Act. If the PAN details are not provided it will attract tax deductions at a much higher rate of 20%.

Resident Status¹Resident Non-Resident

(Mandatory to provide for Non-resident status & depending on the Country of Residence, further document may be raised/required)

Country of Residence:

List of supporting documents submitted along with this form (tick as applicable)A copy of 'Cancelled' cheque Self attested copy of passbook

(Account number and account holder name should be 'printed')

(Account number and account holder name should be 'printed' on the passbook)

OR

Self-attested copy of Bank Statement

(Mandatory in case of NRE payment; statement reflecting transactions of the premium paid from NRE account)

- I hereby declare that the Bank account particulars furnished are true, correct and complete in all aspects.
- I understand and agree that the submission of this form does not mean that the request will be acceded.
- If the transaction is delayed or not effected at all for any reasons due to incomplete or incorrect information, I shall not hold the Company responsible in any manner whatsoever.
- I understand and agree that, under the circumstances where in the electronic payment is not possible, the Company reserves the right to use any alternative payout option as per applicable laws.

Vernacular Declaration (to be filled if this form is signed in Vernacular/ affixed thumb Impression)

Applicable when the Proposer is illiterate or suffering from disability due to which writing is restricted or the proposer has signed in vernacular language. If this declaration is applicable and if not fulfilled, we shall be constrained to reject this request form. Note: Must be declared by someone other than the bank's staff or representative of the company.

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.

Date : _____

Place: _____ Name of Declarant _____ Signature of Declarant _____



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Instruction & Disclaimer:

1. The form should be completely filled in all aspects for us to consider your request for Revival/Increase in Sum Assured.
2. Processing of the requests will be initiated on receipt of this form at any of our Company's Office. Upon receipt of this form at our Company's Office the acknowledgement slip will be sent to you. Please retain the acknowledgement Slip for future reference.
3. The Company reserves the right to take appropriate decision and Policy may be Revived at Revised terms and conditions or declined or postponed as per the Company guidelines.
4. Apart from this application form, if required, life assured has to undergo some medical tests at his/her own cost at Diagnostic Centre specified by the Company. The cost of such medicals will not be refunded by the Company irrespective of the Company's decision on the application for Revival/Increase in Sum Assured.
5. If the Policy is a Unit Linked Plan, units will be purchased as per the existing fund allocation. The effective date for NAV would be the date of receipt of all pending premium along with Interest (if any) or underwriting decision on the Revival application whichever is later. For request received before 3.00 PM on a business day, NAV of the same day will be applicable. If received after 3.00 PM, next business day will be applicable subject to completion all requirements.
6. In lieu of the Auto vesting clause, if the life assured has attained majority, the request will be processed once you submit the Policy Servicing form for Auto-Vesting as available on our website along with relevant documents as given in the form.
7. In case of change in signatures, kindly furnish the following additional requirement/s :
 - Requisite Policy Servicing Form C (should contain old and new signature) as available on our website.
 - Supporting proof of signature-Pan card/ Passport/ Driving license/ Signature authorized by bank in which you hold an account duly attested by the designated authority
 - a) Designated Authority for attestation of copies of original document/s
 - A Gazetted Officer as specified by Government of India/Authorized personnel of our Company (including our Corporate Agents)/Branch Manager of a Nationalized Bank.
8. 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.
9. 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 formats for additional documentation can be downloaded from our website.
10. Register now on our website to avail benefits of various options for on-line servicing of your policy.
11. The original form will be submitted back to the customer in case request taken through Distributor App.
12. Kindly fill the form in English
13. In the event of any disagreement in interpreting the language, English version will prevail.

Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited (IRDAI Regn. No. 136)

Registered Office : Unit No. 208, 2nd Floor, Kanchenjunga Building, 18 Barakhamba Road, New Delhi - 110001

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Corporate Identity No. : U66010DL2007PLC248825



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