



**\*Please update your latest Bank Account details with us (if not provided)\***

**Change of Contact Details (Mandatory valid self attested proof to be submitted)<sup>1</sup>**

(Please tick as applicable)

Office

Current

Permanent

Update new address as communication address?

Yes  No

Update applicable for  Policyholder  Life Assured  Nominee  
 Appointee  Assignee

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

\*\*Country \_\_\_\_\_ Pin Code

☎ \*Mobile

☎ Residence Ph

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

✉ \*Email \_\_\_\_\_

CKYC No.

\* - Details are mandatory to be filled.

\*\* - If Country is other than India then please submit FATCA/CRS Questionnaire available on our website.

**Change in Fund allocation (Switching of Funds)**

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

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	India Multi-Cap Equity Fund	Emerging Leaders Equity Fund
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								
India Multi-Cap Equity Fund								
Emerging Leaders Equity Fund								

**Request for (tick ✓ as applicable)**

Maturity/Safety Switch option  Opt in  Opt Out

Auto Fund Rebalancing  Opt in  Opt Out

Milestone Withdrawal  Opt in  Opt Out

Systematic Partial Withdrawal  Opt in  Opt Out

Auto Cover Continuance\*  Opt in  Opt Out

Premium Holiday\*  Opt in  Opt Out

Settlement options  Opt in  Opt Out

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

Monthly  Quarterly  Semi Annual  Annual

\*If the request is not submitted before 30 days from the premium due date, the changes shall be effective from the next premium due date only.





**Signature of Policyholder/Assignee**

**Signature/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.

**Vernacular Declaration (to be filled if this form is signed in Vernacular/ affixed 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 the Declarant \_\_\_\_\_ Signature of the Declarant \_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_

**Instruction & Disclaimer:**

- 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.
- 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
- 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.
- If documents are received by corporate agent or intermediary or agent then it should be attested by them.

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 ULIF00807/01/10BLNCDIIFND136, Balanced Plus Fund is ULIF01013/09/10BLNCDPLFND136, 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 India Multi-Cap Equity Fund ULIF01816/08/16IMCAPEQFND136 1 is ULIF01215/04/11NAVGFUNDSI136 India Multi-Cap Equity Fund ULIF01816/08/16IMCAPEQFND136, Pension Growth Fund is ULIF01405/11/15PENSGROFND136, Emerging Leaders Equity Fund is ULIF02020/12/17EMLEDEQFND136.

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