

## **Endorsement Request Form**

Name of Policy Holder:				
Policy Number:				
Date:	D   D   M   M   Y			
1. Change in premium frequency*	☐ Monthly: ( E	☐ Monthly: (ECS mode only)		
	☐ Quarterly:	☐ Quarterly:		
	☐ Half-yearly:	☐ Half-yearly:		
	☐ Annual:			
	Outstanding pr	remium paid (if any) via Cheque No		
Note: Monthly modes are available of & registered with your bank.	only through ECS facility	v. For availing this facility, kindly submit a ECS mandate duly filled		
2.Change in premium payment method (Tick the relevant box)		Premium method to:		
		☐ Cheque/cash		
3. Addition of Nominee	Mr./Ms	Name of Nominee  Mr./Ms		
		(Surname) (First Name) (Middle) Relationship with Policy Holder:		
		% of Entitlement :		
Address of Nominee:		Nominee:		
Age of Nom		ninee:		
Note: In case the nominee is below 1	8 years of age appointed	e details and consent is mandatory to be filled.		
Appointee details				
The nominee being a minor, I hereby	appoint Mr./ Ms			
Residing at,, date of birth is (DD/MM/YY),				
as the appointee to receive the moneys secured by the				
Policy during the minority of the nominee executed at the day of20 The				
Relation of the above mentioned Appointee is that of a with the Nominee. In consent of the above				
appointment   sign hereunder.  Signature of the Appointee :				
orginatare or the Appointee				



4.Topup	Amount (Rs.)			
	DD/Cheque no#	·		
Note: Minimum top - up amount is R	s. 5000 (This limit is subje	ect to change )		
5. Increase in Sum Assured	Kindly submit the policy document along with this request			
Name of the Policyholder:	Sum assured (p	Sum assured (proposed):		
Policy Number:	Sum assured (ex	Sum assured (existing):		
6. Addition of Rider (allowed for only	select plans)			
Rider name		Sum Assured (Rs.)		
Note: Addition of Rider will be effective	e from next policy anniversa	ry.		
agreement that a copy of this request shall be I/We understand that (i) the Company may b	lition of this policy be changed in e attached to and forms a part of e unable to process this applicat o and to request correction of ar	tion if I/We fail to provide any further information requested by the Company my personal information held by the Company concerning me/us.		
Dated:(mm/dd/yyyy)Place:		Signature of Assignee (In case the policy is assigned)		
Received a request for	Acknowledge			
Name of the Policy Holder		STAMP/SEAL OF THE BRANCH		
Branch Name				
Date:	Received by:	AEGON # RELIGÁRE		
Note: Please produce this slip for any c The company retians the right to call fo	ommunication with regard or further documents, as rec	to this request.		