

Endorsement Request Form

Name of Policy Holder:	_____
Policy Number:	_____
Date:	D D M M Y Y Y Y

1. Change in premium frequency*	<input type="checkbox"/> Monthly: (ECS mode only) <input type="checkbox"/> Quarterly: <input type="checkbox"/> Half-yearly: <input type="checkbox"/> Annual: Outstanding premium paid (if any) via Cheque No _____
---------------------------------	--

Note : Monthly modes are available only through ECS facility. For availing this facility, kindly submit a ECS mandate duly filled & registered with your bank.

2. Change in premium payment method (Tick the relevant box)	Premium method to : <input type="checkbox"/> E. C. S. _____ <input type="checkbox"/> Cheque / cash _____
--	--

3. Addition of Nominee	Name of Nominee Mr./Ms. _____ (Surname) (First Name) (Middle) Relationship with Policy Holder: _____ % of Entitlement: _____ Address of Nominee: _____ Age of Nominee: _____
------------------------	--

Note : In case the nominee is below 18 years of age appointee 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 of _____20_____. The Relation of the above mentioned Appointee is that of a _____ with the Nominee. In consent of the above appointment I sign hereunder. Signature of the Appointee: _____

4. Top up	Amount (Rs.) _____
	DD / Cheque no# _____
Note: Minimum top - up amount is Rs. 5000 (This limit is subject to change)	

5. Increase in Sum Assured	Kindly submit the policy document along with this request
Name of the Policyholder:	Sum assured (proposed):
Policy Number:	Sum assured (existing):

6. Addition of Rider (allowed for only select plans)	
Rider name	Sum Assured (Rs.)
Note: Addition of Rider will be effective from next policy anniversary.	

Declaration & Authorization


No request shall be deemed to be treated valid and effective unless received by AEGON Religare Life Insurance Company Limited. (Hereinafter referred to as "the Company" during the lifetime of the Insured and is finally accepted by the Company, The receipt of this form by the agent does not constitute receipt / acknowledgement by the Company.

I/We hereby request that the terms and condition of this policy be changed in accordance with the above particulars with the understanding and agreement that a copy of this request shall be attached to and forms a part of the said policy.

I/We understand that (i) the Company may be unable to process this application if I/We fail to provide any further information requested by the Company and (ii) I/We have the right to obtain access to and to request correction of any personal information held by the Company concerning me/us.

Signature of Policy Holder : _____	_____ Signature of Assignee (In case the policy is assigned)
Dated : (mm / dd / yyyy) _____	
Place : _____	

Acknowledgement Slip

Received a request for _____ against Policy no. _____	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> STAMP/SEAL OF THE BRANCH </div>
Name of the Policy Holder _____	
Branch Name _____	
Date : _____ Received by: _____	
	
Note: Please produce this slip for any communication with regard to this request. The company retains the right to call for further documents, as required to process the request.	