Track your policy with ease. Log on to www.insurance.birlasunlife.com, generate your own Username/Password to manage your policy efficiently.

Birla Sun Life Insurance

FORMAT FOR CHANGE IN SIGNATURE /SPECIMEN SIGNATURE

Date d d m m y y y y

Client ID :

Policy no.1 : Policy No.2 : Policy No.3 :

Name of the Policy Owner

Title First Name Middle Name Last name

I hereby provide my consent to receive a call with regards to my request as given herein.

_____ day of_____20_____and the same is witnessed hereunder.

I further state that henceforth, the signature as appended below should be considered for all future requests received for this policy/these policies under my client ID

☐ Change in Signature		☐ Specimen Signature		Bank Seal (Applicable only in case of Bank Attestation)
Signature (OLD)	Signature (NEW)	Specimen Signature 1	Specimen Signature 2	

Bank Employee's Name: _____ Designation: _____

Employee Code: _____ Signature: _____

Any alterations/corrections made in the form need to be duly signed by the policy owner.

I confirm that the customer has signed in my presence and I authenticate the same.

BSLI Staff's Name*:_____

Employee Code: _____

Designation: _____

Branch Name: _____

Signature: _____

Stamp / Seal of the Branch

Note: Any of the following documents will be accepted as photo identity proof reflecting the above new signature, a copy of which is required to register the new signature, please carry the originals for verification at branch. Address proof and Photo ID proof with DOB -Self attested and attested by BSLI authorized signatory

☐ Driving License ☐ Passport ☐ Banker's Certificate ☐ Pan Card ☐ Bank Attestation

☐ Armed Force ID card with photograph ☐ Bar Council ID for Lawyers with photograph ☐ PIO card with photograph

* This form can be attested by a Branch Head, Business Partner, Business Development Manager, Team Manager (Ops. and Accounts),Branch Mgr., Relationship Mgr., Territory Mgr. Sales, Regional Mgr., Zonal Head or Zonal Manager (Ops.) of Birla sun Life Insurance Company Limited
For Alternate channel : Relationship Head, Zonal Head, Regional Sales Managers and Area Sales Managers, Team Leaders Branch Support.

Birla Sun Life Insurance Company Limited
Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1, 16th Floor, Jupiter Mill Compound, 841, Senapati Bapart Marg, Elphinstone Road, Mumbai - 400013.
Write to us: G Corp Tech Park, 6th Floor, Kasar Wadavali, Ghodbunder Road, Thane - 400601. Contact Us: 1800-270-7000 (Toll Free), Tel. No. 6723 9100.
Email: customerservice@birlasunlife.com | www.insurance.birlasunlife.com | Corporate Identity Number: U99999MH2000PLC128110.
Insurance is the subject matter of the solicitation.

Acknowledgement Slip

Received a request for change in signature /specimen signature against Policy / Application No .: Date d d m m y y y y

Policy No.1 : Client ID :

Policy No.2 :

Policy No.3 :

Stamp / Seal of the Branch

Birla Sun Life Insurance Company Limited
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Email: customerservice@birlasunlife.com | www.insurance.birlasunlife.com | Corporate Identity Number: U99999MH2000PLC128110.
Insurance is the subject matter of the solicitation. **Note:** Please produce this acknowledgement slip for any communication with regard to this request in future.

Birla Sun Life Insurance

PRP No. FOR/1/11-12/5054