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

Birla Sun Life Insurance

Consent letter

Any alterations/correction made in the form need to be duly signed by the policy owner.
Please use a separate request form for each policy.

Date d d m m y y y y

Policy No./Application No.: | | | | | | | | | |

Name of the Policy Holder | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Title First Name Middle Name Surname

I would like to request for the following :

☐ Addition of Rider

Rider Name : _____

Sum Assured : _____

Benefit period : _____

Paying period : _____

Rider premium : _____

☐ Enchanced sum Assured

Sum Assured : _____

Benefit period : _____

Paying period : _____

Premium : _____

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

Note : Please submit duly filled and signed Certificate of Insurability and medical requirements, if any, along with this document.

_____

Signature of Policy Owner

To update your contact details please complete the Policy Service Request Form

Birla Sun Life Insurance Company Limited
Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1, 16th Floor, Jupiter Mill Compound,
841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013.
Contact us: 1-800-270-7000 (Toll Free). www.birlasunlife.com Insurance is the subject matter of the solicitation.
Please collect stamped, duly filled and signed acknowledgement slip, which you can refer to for all your communication in regard to this request.

Acknowledgement slip

Received a request for ☐ Addition of Rider On___/___/___ at_____am/pm.

BSLI Staff's Name and Sign:_____

Stamp/Seal of the branch

***Policy No./Application No.:** | | | | | | | | | | |

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Note: Please produce this acknowledgement slip for any communication with regard to this request in future.

Birla Sun Life Insurance
FOR/06/10-11/4003