



Cash Bonus Option Change



Note: Please complete the form in CAPITAL LETTERS.

All fields with (*) are mandatory

BONUS OPTION DETAILS	I hereby request Exide Life Insurance Company Limited to change the cash bonus option for the given policy number as per the details mentioned below:									
	Bonus Option* (Please tick mark the option)	<table border="1"> <thead> <tr> <th colspan="2">Present Option</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Receive it in Cash (CSWD)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Cumulative Option (DVAC)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Adjust towards future premiums (PMST)</td> </tr> </tbody> </table>	Present Option		<input type="checkbox"/>	Receive it in Cash (CSWD)	<input type="checkbox"/>	Cumulative Option (DVAC)	<input type="checkbox"/>	Adjust towards future premiums (PMST)
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POLICY DETAILS	Policy Number*:	<input type="text"/>	Plan Name*:	<input type="text"/>
	Policy Holder's Name*:	<input type="text"/>		

ADDRESS	Address*:	<input type="text"/>		
	City*:	<input type="text"/>	State*:	<input type="text"/>
	Landline*:	<input type="text"/>	Mobile*:	<input type="text"/>
	E-mail*:	<input type="text"/>		
	PIN*:	<input type="text"/>		

DECLARATION	I understand that:	
	<ul style="list-style-type: none"> The bonus option can be exercised only once during the term of the policy The option is applicable only for Cash Bonus plans The request for change shall be subject to the Company's policies governing the same 	
	I take full responsibility for the genuineness and correctness of the details filled herein.	
	Signature / Thumb Impression of the Policy Owner / Assignee*: <input type="text"/> Date: <input type="text"/>	Witness Signature*: <input type="text"/>
	Name & Address of the Witness*: <input type="text"/>	

*(Should be someone other than the advisor/agent/employee of the company and who has also explained the contents of this form if signature is in vernacular or a thumb impression.)

DOCUMENTS REQUIRED	If there is a change in address, please submit any one of the following address proof. Tick against the appropriate (✓)*					
	Telephone Bill <input type="checkbox"/>	Water Bill <input type="checkbox"/>	Employer's Certificate <input type="checkbox"/>	Co. Lease Agreement/ Rent <input type="checkbox"/>	ESI Card <input type="checkbox"/>	Ration Card <input type="checkbox"/>
	Valid Passport <input type="checkbox"/>	Electricity Bill <input type="checkbox"/>	Valid Driving License <input type="checkbox"/>	Bank letter/ statement <input type="checkbox"/>	Aadhar Card <input type="checkbox"/>	Gas Bill <input type="checkbox"/>

Note: Statements/Receipt/Bill/Certificate should not be more than six months old from the request submission date.

FOR OFFICE USE ONLY	Name of the Customer Service Representative:	<input type="text"/>	Branch Code:	<input type="text"/>	Signature:	<input type="text"/>
	Date:	<input type="text"/>	Employee No.:	<input type="text"/>		

ACKNOWLEDGEMENT SLIP	This is to acknowledge the receipt of your application for Cash Bonus Option change.	
	Policy Number:	<input type="text"/>
	Date:	<input type="text"/>
	Documents received:	
	Valid Address Proof <input type="checkbox"/>	Specimen Signature Form <input type="checkbox"/>

Customer Service Executive Signature:	<input type="text"/>
Date:	<input type="text"/>

POS/BOC/Version 2.0