

# Change in Premium Payment Mode

**Note: Please complete the form in CAPITAL LETTERS.**

**All fields with (\*) are mandatory**

|                       |                                                            |                                                                   |
|-----------------------|------------------------------------------------------------|-------------------------------------------------------------------|
| <b>POLICY DETAILS</b> | Policy Number*: <input style="width: 150px;" type="text"/> | Policy Holder's Name*: <input style="width: 400px;" type="text"/> |
|-----------------------|------------------------------------------------------------|-------------------------------------------------------------------|

|                |                                                       |                                                     |
|----------------|-------------------------------------------------------|-----------------------------------------------------|
| <b>ADDRESS</b> | Address*: <input style="width: 900px;" type="text"/>  |                                                     |
|                | City*: <input style="width: 150px;" type="text"/>     | State*: <input style="width: 300px;" type="text"/>  |
|                | Landline*: <input style="width: 200px;" type="text"/> | Mobile*: <input style="width: 200px;" type="text"/> |
|                | E-mail*: <input style="width: 800px;" type="text"/>   |                                                     |

| <b>MODE CHANGE DETAILS</b> | <p><b>I hereby request Exide Life Insurance Company Limited to change the premium payment mode for the above policy number as per the details given below:</b></p>                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                       |  |                          |        |                          |             |                          |           |                          |         |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |  |                          |        |                          |             |                          |           |                          |         |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|--------|--------------------------|-------------|--------------------------|-----------|--------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--|--------------------------|--------|--------------------------|-------------|--------------------------|-----------|--------------------------|---------|
|                            | <p>(Please tick mark the option)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Present Mode</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Annual</td></tr> <tr><td><input type="checkbox"/></td><td>Semi-Annual</td></tr> <tr><td><input type="checkbox"/></td><td>Quarterly</td></tr> <tr><td><input type="checkbox"/></td><td>Monthly</td></tr> </tbody> </table> | Present Mode                                                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/> | Annual | <input type="checkbox"/> | Semi-Annual | <input type="checkbox"/> | Quarterly | <input type="checkbox"/> | Monthly | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Mode Requested</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Annual</td></tr> <tr><td><input type="checkbox"/></td><td>Semi-Annual</td></tr> <tr><td><input type="checkbox"/></td><td>Quarterly</td></tr> <tr><td><input type="checkbox"/></td><td>Monthly</td></tr> </tbody> </table> | Mode Requested |  | <input type="checkbox"/> | Annual | <input type="checkbox"/> | Semi-Annual | <input type="checkbox"/> | Quarterly | <input type="checkbox"/> | Monthly |
| Present Mode               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                       |  |                          |        |                          |             |                          |           |                          |         |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |  |                          |        |                          |             |                          |           |                          |         |
| <input type="checkbox"/>   | Annual                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                       |  |                          |        |                          |             |                          |           |                          |         |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |  |                          |        |                          |             |                          |           |                          |         |
| <input type="checkbox"/>   | Semi-Annual                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                       |  |                          |        |                          |             |                          |           |                          |         |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |  |                          |        |                          |             |                          |           |                          |         |
| <input type="checkbox"/>   | Quarterly                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                       |  |                          |        |                          |             |                          |           |                          |         |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |  |                          |        |                          |             |                          |           |                          |         |
| <input type="checkbox"/>   | Monthly                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                       |  |                          |        |                          |             |                          |           |                          |         |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |  |                          |        |                          |             |                          |           |                          |         |
| Mode Requested             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                       |  |                          |        |                          |             |                          |           |                          |         |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |  |                          |        |                          |             |                          |           |                          |         |
| <input type="checkbox"/>   | Annual                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                       |  |                          |        |                          |             |                          |           |                          |         |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |  |                          |        |                          |             |                          |           |                          |         |
| <input type="checkbox"/>   | Semi-Annual                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                       |  |                          |        |                          |             |                          |           |                          |         |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |  |                          |        |                          |             |                          |           |                          |         |
| <input type="checkbox"/>   | Quarterly                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                       |  |                          |        |                          |             |                          |           |                          |         |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |  |                          |        |                          |             |                          |           |                          |         |
| <input type="checkbox"/>   | Monthly                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                       |  |                          |        |                          |             |                          |           |                          |         |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |  |                          |        |                          |             |                          |           |                          |         |
|                            | Revised Installment premium : ₹ <input style="width: 150px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                       |  |                          |        |                          |             |                          |           |                          |         |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |  |                          |        |                          |             |                          |           |                          |         |
|                            | (I understand that the amount mentioned above includes Service Tax and is subject to changes depending upon prevailing Service Tax rates.)                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                       |  |                          |        |                          |             |                          |           |                          |         |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |  |                          |        |                          |             |                          |           |                          |         |
|                            | Amount Paid : ₹ <input style="width: 100px;" type="text"/> Cheque No: <input style="width: 150px;" type="text"/> Date: <input style="width: 100px;" type="text"/> Bank & Branch <input style="width: 200px;" type="text"/>                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                       |  |                          |        |                          |             |                          |           |                          |         |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |  |                          |        |                          |             |                          |           |                          |         |
|                            | I understand that any request for change in premium payment mode should be received by Exide Life Insurance Company Limited at least one month prior to the Policy Anniversary Date, and that my request for mode change would be processed, subject to the Company's policies governing the same.                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                       |  |                          |        |                          |             |                          |           |                          |         |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |  |                          |        |                          |             |                          |           |                          |         |
|                            | <b>*Note : Submission of ECS/SI/CC forms is mandatory for monthly mode</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                       |  |                          |        |                          |             |                          |           |                          |         |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |  |                          |        |                          |             |                          |           |                          |         |
|                            | Signature /Thumb Impression of the Applicant: <input style="width: 200px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                     | Date: <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> |  |                          |        |                          |             |                          |           |                          |         |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |  |                          |        |                          |             |                          |           |                          |         |

|                           |                                                                                                                                        |                                           |                                                 |                                                    |                                      |                                      |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------|----------------------------------------------------|--------------------------------------|--------------------------------------|
| <b>DOCUMENTS REQUIRED</b> | <p><b>If there is a change in address, please submit any one of the following address proof. Tick against the appropriate (✓)*</b></p> |                                           |                                                 |                                                    |                                      |                                      |
|                           | 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.                     |                                           |                                                 |                                                    |                                      |                                      |

|                            |                                                                                                                                                                                                                                                                   |                                                          |                                                       |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|
| <b>FOR OFFICE USE ONLY</b> | Name of the Customer Service Representative: <input style="width: 200px;" type="text"/>                                                                                                                                                                           | Branch Code: <input style="width: 100px;" type="text"/>  | Signature: <input style="width: 150px;" type="text"/> |
|                            | Date: <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> | Employee No.: <input style="width: 100px;" type="text"/> |                                                       |

|                             |                                                                                                          |                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ACKNOWLEDGEMENT SLIP</b> | <p><b>This is to acknowledge the receipt of your application for change in Premium Payment Mode.</b></p> |                                                                                                                                                                                                                                                                                                             | <p>Customer Service Executive Signature: <input style="width: 150px;" type="text"/></p> <p>Date: <input style="width: 50px;" type="text"/><input style="width: 50px;" type="text"/><input style="width: 50px;" type="text"/><input style="width: 50px;" type="text"/><input style="width: 50px;" type="text"/><input style="width: 50px;" type="text"/><input style="width: 50px;" type="text"/></p> <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 60px; height: 60px; margin: 0 auto;"> <p style="margin: 0;">Branch Seal</p> </div> |
|                             | Policy Number: <input style="width: 150px;" type="text"/>                                                | Date: <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                             | Documents received:                                                                                      |                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                             | Valid Address Proof <input type="checkbox"/>                                                             | Specimen Signature Form <input type="checkbox"/>                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                             | Others: <input style="width: 400px;" type="text"/>                                                       |                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

POS/AMC/Version 2.0