



Pension Policy Vesting Date / Term Change



Note: Please complete the form in CAPITAL LETTERS.

All fields with (*) are mandatory

| | | | | |
|----------------|------------------------|----------------------|-------------|----------------------|
| POLICY DETAILS | Policy Number:* | <input type="text"/> | Plan Name:* | <input type="text"/> |
| | Policy Holder's Name:* | <input type="text"/> | | |

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|---------|------------|----------------------|----------|----------------------|
| 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"/> | | |

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| TERM CHANGE DETAILS | I hereby request Exide Life Insurance Company Limited to extend the vesting date / term for the above policy number as per the details given below: | | | |
| | Present Option | | Option Requested | |
| | Present Term | <input type="text"/> | Requested Term | <input type="text"/> |
| | Vesting Date | <input type="text"/> | New Vesting Date | <input type="text"/> |

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|-------------|--|---|
| DECLARATION | I understand that : | |
| | <ul style="list-style-type: none"> Submission of policy bond is mandatory to process the above request. The extension of vesting term to be exercised atleast 6 months prior to completion of existing term. The maximum age at the vesting date shall be as per policy terms & conditions. | |
| | 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:

(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 (3)* | | | | | |
| | 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 | Policy Bond received: Yes <input type="checkbox"/> No <input type="checkbox"/> | Employee No.: | <input type="text"/> |
| | Name of Customer Service Representative: | Branch Code: | <input type="text"/> |
| | | Date: | <input type="text"/> |
| | | Signature: | <input type="text"/> |

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|----------------------|--|--|--|----------------------|
| ACKNOWLEDGEMENT SLIP | This is to acknowledge the receipt of your application for Pension Policy Vesting Date / Term change. | | Customer Service Executive Signature: | <input type="text"/> |
| | Policy Number: <input type="text"/> | Date: <input type="text"/> | Date: | <input type="text"/> |
| | Documents received: | Valid Address Proof <input type="checkbox"/> | Specimen Signature Form <input type="checkbox"/> | |
| | Others: <input type="text"/> | | | |
| | | | | |

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