



Unit Linked Insurance Plans Switch and Premium Redirection



Note: Please complete the form in CAPITAL LETTERS.

All fields with (*) are mandatory

POLICY DETAILS	Policy No.:											Policy Holder's Name:*																				
	Current Address:*																															
	City:*											State:*						Pin Code:*														
	Landline:*											Mobile:*																				
	E-mail ID:*																															

DOCUMENTS REQUIRED	If there is change in address please submit any one of the following address proofs:																													
	Telephone Bill	<input type="checkbox"/>	Water Bill	<input type="checkbox"/>	Employer's Certificate	<input type="checkbox"/>	Co. Lease Agreement/ Rent Receipt	<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"/>																						
	Statements/Receipt/Bill/Certificate should not be more than six months old from the request submission date.																													

FUND DETAILS	This form is to be used for products having the below mentioned fund types only.																													
	From	To	Fund Switch	Premium Redirection																										
			Please state what % of total holdings should be switched or amount to be switched	*Future Premium Percentage of holding. (refer the From column for Fund Type)																										
	Debt Fund	Secure Fund																												
		Balanced Fund																												
		Growth Fund																												
		100% Equity Fund																												
	Secure Fund	Debt Fund																												
		Balanced Fund																												
		Growth Fund																												
100% Equity Fund																														
Balanced Fund	Debt Fund																													
	Secure Fund																													
	Growth Fund																													
	100% Equity Fund																													
Growth Fund	Debt Fund																													
	Secure Fund																													
	Balanced Fund																													
	100% Equity Fund																													
100% Equity Fund	Debt Fund																													
	Secure Fund																													
	Balanced Fund																													
	Growth Fund																													
Total			100%																											
Signature of Policy Holder: <input style="width: 100%; height: 20px;" type="text"/>																														

FOR OFFICE USE ONLY	Name of Customer Service Representative:											Employee No.:						Signature: <input style="width: 100%; height: 40px;" type="text"/>
	Date:	D	D	M	M	Y	Y	Y	Y	Branch Code:								
	Before 3 PM	<input type="checkbox"/>	After 3 PM	<input type="checkbox"/>														

Turn over leaf for more details.

ACKNOWLEDGEMENT SLIP	This is to acknowledge the receipt of your application for Switch and Premium Redirection																													
	Policy No.:											Date:	D	D	M	M	Y	Y	Y	Y										
	Documents received: Valid Address Proof	<input type="checkbox"/>																												
	Others :																													
CSE Sign:																					Date:	D	D	M	M	Y	Y	Y	Y	

POS/SWT/Version 2.0



Unit Linked Insurance Plans Switch and Premium Redirection



SELF MANAGED INVESTMENT OPTION "PART A"

Self Managed Investment Option "Part A"

From	To	Please state what % of total holdings should be switched or amount to be switched	***Future Premium Percentage of holding
Pension Liquid Fund	Pension Debt Fund		
	Pension Equity Fund		
Pension Debt Fund	Pension Liquid Fund *		
	Pension Equity Fund		
Pension Equity Fund	Pension Liquid Fund *		
	Pension Debt Fund		
Total			100%

Self Managed Investment Program to Life Stage Investment Program (LSIP) "Part B"

From	To	% of total holdings to be switched	**Select the relevant option
Self Managed Investment	Standard Program **	100%	<input type="checkbox"/>
Self Managed Investment	Aggressive Program **	100%	<input type="checkbox"/>

Life Stage Investment Program (LSIP) to Self Managed Investment Program (SMIP) "Part A"

From	To	Please state the % split / amount to be deployed in the below mentioned funds	*Future Premium Percentage of holding
LSIP Standard Program (100%)	Pension Debt Fund		
	Pension Equity Fund		
	Pension Liquid Fund *		
LSIP Aggressive Program (100%)	Pension Debt Fund		
	Pension Equity Fund		
	Pension Liquid Fund *		
Total			100%

Life Stage Investment Program (LSIP) "Part B"

From	To	% of total holdings to be switched	**Select the relevant option
LSIP Aggressive Program	LSIP Standard Program **	100%	<input type="checkbox"/>
LSIP Standard Program	LSIP Aggressive Program **	100%	<input type="checkbox"/>

IMPORTANT GUIDELINES

- I wish the allocation amounts of future premiums to be invested in the investment plans shown above in the percentages indicated. I understand that this change will take place with effect from the next unit allocation following receipt of this form by Exide Life Insurance Company Limited at its Head Office, Bangalore.
- And / Or
- I wish my existing investment to be switched as enclosed in the percentages indicated overleaf. I understand and accept that the switch will take place with effect from the next unit allocation following receipt of this form by Exide Life Insurance Company Limited at its Head Office, Bangalore. I also understand that the number of switches allowed will be as per the terms of the policy, and if exceeded, Exide Life Insurance Company Limited will charge switch fee and the same will be debited to the investment plan from which the amount is being switched.
- * Only allowed up to a Maximum of 25% of the Total Value of units in the contract
- ** Please Tick any one of the relevant box in case of "Part B"
- *** Please fill up this column only if you wish to redirect your future premiums.

Date: Place:

Signature of Policy Holder: