



Unit Linked Insurance Plans Top Up



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:*																						


FUND DETAILS	Amount	Fund	Please state what percentage of total amount should be allocated to each fund	
			Percentage (%)	Amount
		Secure Fund		
		Balanced Fund		
		Growth Fund		
		Debt Fund		
		100% Equity Fund		
		Total	100%	Total

INVESTMENT PROVISIONS	Investment Provisions fund	Fund (Pls. Tick any one in case of LSIP)	Please state what percentage of total amount should be allocated to each	
			Percentage (%)	Amount
	Life Stage Investment Program(LSIP)	<input type="checkbox"/> Standard Program	100%	
		<input type="checkbox"/> Aggressive Program	100%	
	Total		100%	
	Self Managed Investment			
		Pension Liquid Fund (Only allowed up to a Maximum of 25% of the Total Value of units in the contract)		
		Pension Debt Fund		
		Pension Equity Fund		
	Total		100%	

IMPORTANT GUIDELINES	<input type="checkbox"/>	I wish the amount of top up to be invested in the investment plans shown above in the percentages/amount 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.	
	<input type="checkbox"/>	I understand that if the total amount paid towards this policy in any policy year, including regular premium and top up amount exceeds 20% of the sum assured under this policy, tax benefits if any under this policy may not be available. And/or	
	<input type="checkbox"/>	I wish the amount of top up to be invested in the investment plans shown above in the percentages/amount indicated. In case of LSIP the fund allocation would be as per annexure B of the Terms and Conditions of the policy.	
	<input type="checkbox"/>	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.	
	Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Place: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Signature of Policy Holder: <input type="text"/>

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"/>	ESI 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"/>	Ration Card <input type="checkbox"/>	
	Statements/Receipt/Bill/Certificate should not be more than six months old from the request submission date.					

FOR OFFICE USE ONLY	Name of Customer Service Representative: <input type="text"/>	Employee No.: <input type="text"/>	Signature: <input type="text"/>
	Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Branch Code: <input type="text"/>	
		Before 3 PM <input type="checkbox"/> After 3 PM <input type="checkbox"/>	

ACKNOWLEDGEMENT SLIP	This is to acknowledge the receipt of your application for Unit Linked Insurance Plans Top-up		CSE Sign: <input type="text"/>
	Policy No.: <input type="text"/>	Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Documents received: Valid Address Proof <input type="checkbox"/>	Others : <input type="text"/>	Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

POS/TOP/Version 2.0