



**Corporate Office :** Indiabulls Finance Centre, Tower 3, 6th Floor, Senapati Bapat Marg, Elphinstone (W), Mumbai – 400 013.  
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**Form for Fund Switch / Top Up / Premium Redirection**

Branch Name: \_\_\_\_\_ Branch Code \_\_\_\_\_ Received by: \_\_\_\_\_

Received at Branch Date and Time: \_\_\_\_\_

**PERSONAL DETAILS**

Policy No. : \_\_\_\_\_ Mobile No. / Tel No : \_\_\_\_\_  
 Policy holder's Name : \_\_\_\_\_

**Top Up Payment Details** : Rs. \_\_\_\_\_ Cash  Cheque/Draft No. \_\_\_\_\_ Cheque / DD date \_\_\_\_\_  
 Bank Name: \_\_\_\_\_

Amount In words : Rs. \_\_\_\_\_

**Types of Document submitted ( for TOP Up Only)**

Income Proof : \_\_\_\_\_  
 ID Proof : \_\_\_\_\_  
 Address Proof : \_\_\_\_\_

**DECLARATIONS**

- \* I hereby request that my current fund holding under the above policy be invested in the proportion as mentioned below Fund Switch (FS):
- \* I request that all my future premiums under the above policy henceforth be invested in the proportion as mentioned below Premium Redirection (PR)

FROM ( Not required in case of Top Up)		TO	
Fund Name	Percentage	Fund Name	Percentage

Fund applicable should be as per product Literature.

- Subject to Terms and Condition of policy document
- For Top Premium Fund allocation has to be mentioned in the “To” Table above.

**General Rules:**

- All details are mandatory for processing.
- Request received up to 3.00 p.m. by the company the closing NAV of the day on which such request was received shall be applicable.
- Request received after 3.00 p.m. by the company the closing NAV of the next business day shall be applicable.
- Unit Linked Life Insurance Products are different from the traditional insurance products and are subject to the market risk..
- Under this plan, the investment risk in the investment portfolio is borne by the policy holder.
- For Top UP Income Proof to be submitted if the Top Up amount is equal to or greater than 1 Lakh.
- If the Top Up premium increases the Sum Assure, then acceptance of such Top Premium is subject to Underwriting Approval.
- The allocation of Top would be considered after recovery of all unpaid premium and charges.
- All rules and regulation of IRDA are applicable.

**I confirm, I have understood the relevant policy provisions and applicable rules before making this application.**

**Policy Owner Signature**

**Date:**

**Place :**

**CUSTOMER ACKNOWLEDGMENT COPY (UNIT LINK INSTRUCTIONS )**

Fund Switch  Premium Redirection  Top Up

Policy Number: \_\_\_\_\_ Policy Holder Name : \_\_\_\_\_

Employee Code: \_\_\_\_\_ Employee Name: \_\_\_\_\_

Branch Name: \_\_\_\_\_ Date and Time Stamp : \_\_\_\_\_