



Corporate Office : Indiabulls Finance Centre, Tower 3, 6th Floor, Senapati Bapat Marg, Elphinstone (W), Mumbai – 400 013  
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**REQUEST FORM FOR POLICY ALTERATIONS**

Please tick wherever applicable ( ✓ )

Policy Number \_\_\_\_\_ Date \_\_\_\_\_

Name of the Policy Owner \_\_\_\_\_

**1. CHANGE / CORRECTION IN ADDRESS** Permanent Address  Mailing Address   
New Address / Contact Details for 1.Policy owner  2.Life Assured  3.Nominee

Current Address										New Address									
Land Mark					Pincode					Land Mark :					Pincode				
Contact No. _____					Email ID _____					Contact No. _____					Email ID _____				

Note: Please provide address proof with the new address detail.

**2. CHANGE / CORRECTION IN NAME :** 1. Policy owner  2.Life Assured  3.Nominee  4. Appointee

Current	New
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Note: In case of Name Change of Policy Owner / Life Assured please provide name proof or gazette copy.

**3. CHANGE / CORRECTION IN DATE OF BIRTH:** Policy owner  Life Assured  Nominee  Appointee

D	D	M	M	Y	Y	Y	Y
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Note: In case of Date of Birth Change of Policy Owner/ Life Assured please provide a valid age proof

**4. CHANGE / CORRECTION IN PAYMENT FREQUENCY: Current Frequency** \_\_\_\_\_

**New Frequency** 1. Yearly  2. Half Yearly  3. Quarterly  4. Monthly

Note: Kindly note ECS Mandate along with a cancelled cheque is mandatory for Quarterly mode for premium less than Rs 2500/- and all Monthly Mode cases

**5. CHANGE OF RIDERS**

ADDITION OF RIDER  DELETION OF RIDER   
Name of the Rider \_\_\_\_\_ Sum Assured \_\_\_\_\_

Note: Kindly note the Good Health Declaration is mandatory for addition of Rider

**6. ALTERATION REQUIRED**

Change in Sum Assured  Change in Premium  Change in Term

From \_\_\_\_\_ To \_\_\_\_\_

**General Rules**

- Any change in Sum Assured, Premium, Term, Riders and Payment Frequency can be done only on Policy Anniversary.
- All Alteration are subject to policy terms and conditions and Underwriting Approval

**Declaration by the Policy Owner:**

I understand and agree to all the information and terms and conditions given above and in my policy document.

Signature of the Policy Owner \_\_\_\_\_ Date : \_\_\_\_\_ Place : \_\_\_\_\_

**CUSTOMER ACKNOWLEDGMENT COPY**

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

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

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