IDBI FEDERAL
In association with Ageas
IDBI Federal Life Insurance Co Ltd

IRDA Regn. No. 135. | Corporate Identity Number: U66010MH2007PLC167164.
Tradeview, Oasis Complex, Kamala City, P. B. Marg, Lower Parel (W). Mumbai - 400013.
Toll Free: 1800 209 0502 (Monday to Saturday; 8 am to 8 pm). E-mail: support@idbifederal.com.
www.idbifederal.com

APPLICATION FOR TOP UP

(Kindly fill in Block Letters)

INSTRUCTIONS

- The policyholder must sign any cancellation or alteration / overwriting.
- As per the IRDA guidelines, the cut off timings for NAV application in respect of allocation and redemption of units is 3pm. This implies that if the application for Top-up is received up to 3pm on a weekday (Monday to Friday), the same day's unit value will be applicable. However, if the application for switch is received after 3pm on a weekday then the next working day's unit value will be applicable (when the applicable day is not a valuation day or holiday, NAV of the next immediate valuation day will be considered).
- This application will not be effective until it is officially accepted by IDBI Federal Life Insurance Co Ltd
- Premium amount accepted in cash shall not exceed Rs. 49,999/-
- Total amount of Top-up premium exceeds 25% of the total regular premium paid upto that date then we will increase the sum insured to meet regulatory requirements subject to underwriting requirements.
- Top-up will be permitted only if all the regular premiums due till date have been paid.

Policy Number		Date	
Name of Policy Owner			
Mobile No.		Tel No.	

PARTICULARS OF TOP-UP / LUMPSUM INJECTION AMOUNT

MODE OF PAYMENT	☐ Cheque/DD	☐ Cash
Cheque/DD No	**Dated**	**Amount (in Rs)**
	D D / M M / Y Y Y Y	
PAN No.		

ALLOCATION OF PREMIUM TO BE INVESTED (Total must be equal to 100%)

FUND NAME	FUND ALLOCATION
Monthly Interest Account	%
Guaranteed Return Fund — Fund code — Maturity date	%
Capital Guaranteed Fund	%
Nifty Index Fund	%
Bond Fund	%
Income Fund	%
Liquid Fund (Maximum allocation to liquid fund can not exceed 40%)	%
Equity Growth Fund	%
Aggressive Asset Allocator Fund	%
Moderate Asset Allocator Fund	%
Cautious Asset Allocator Fund	%
Midcap Fund	%
Pure Fund	%
TOTAL	**100%**

I/we declare that I/we have answered the questions in this form after fully understanding the nature of the questions and the importance of disclosing all information while answering such questions. I/we further declare that the answers given by me/us to all questions in this form are true and complete in every aspect and that I/we have not withheld any material information or suppressed any fact. I/we further declare that I/we agree and understand that the lump sum injection will be effective only after the Company accepts this and communicates its acceptance in writing

Signature of Policy Owner

D D / M M / Y Y Y Y