

POLICY SERVICING REQUEST FORM

Policy Number:

Date:

Name of the Policy Owner

Mobile no.: _____

Email ID: _____

Name Change / Correction: Please Tick (√) Policy Owner Policy Insured Beneficiary or Nominee Appointee

Note: An acceptable proof for the new name needs to be attached for a name change request. The same is not required for a Name Correction request.

Address Change Please Tick (√)

Mailing Address

Permanent Address

Contact Details

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Note: An acceptable proof for the new mailing address needs to be attached for an Address change request.

Date of Birth Change / Correction: Please Tick (√) Policy Owner Policy Insured Beneficiary Appointee

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Note: An acceptable proof needs for the valid DOB to be for a Date of Birth change request. The same is not required for a Date of Birth Correction request.

Premium Payment Mode Change:

Annual Semi Annual Quarterly Monthly

Please Note: Premium Payment Mode change from lower to high frequency mode is effective from next policy anniversary.

Premium Payment Type Change:

Cash/ Cheque/ DD Credit Card* ECS* Auto Debit* (for Axis Bank Customer Only)

** If the chosen Premium Payment Type is Credit Card / ECS / Auto Debit, the required Standing Instruction mandate needs to be attached.*

**On effecting the change in mode, the SI/ECS amount deducted would be changed as per the changed premium wherever applicable"*

Non Forfeiture Option on Change:

Automatic Premium Loan (APL) Reduced Paid Up (RPU)

Please Note: Please note that the NFO change request is subject to conditions; refer to the 'terms & conditions' as mentioned in the Policy Document.



Acknowledgement Slip

Received a request for _____ against Policy Number _____

On _____ at _____ am/ pm

Employee Code _____ Employee Name _____

Date & Time/ Branch Seal

Automatic Vesting Request:

At the time of logging the request

Insured is above the age of 18 years Insured is below the age of 18 years

Note:

- 1. At the time of placing the request, the policy should not be absolutely assigned.
- 2. In case the request is received after the Insured attaining the age of 18 yrs, then Beneficiary request form should accompany with this request

Surrender Request OR
 Discontinuance Fund Movement request

In case policy is surrendered/disc fund movement before completion of first 5 Policy years, Total Fund Value after deduction of any Discontinuance charges (as specified in the Terms and Conditions of the Policy) will be credited to a Discontinued Policy Fund managed by us, and this amount will continue to remain in this fund (with deduction of only Fund Management Charges @ 0.50% p.a., which will be adjusted while calculating Net Asset value of Discontinued Fund on a daily basis) until the commencement of the 6th Policy Year upon which Total Fund Value which will be higher of prevalent Fund value in the discontinued Fund or Fund Value calculated basis interest rate on SBI Savings Bank Account as prevalent from me to me, shall be payable

Applicable to Products – Met Smart Plan, Met Smart Child, Met Easy Super, Met Dhan Samridhi

Increase/ Decrease of Sum Assured/ Premium:

Premium Paying Term Annual Premium

Policy Term Annual Premium

Annual Premium "From"

Annual Premium "To"

Reduction/ Increase in Sum Assured "From" 5*

Reduction/ Increase in Sum Assured "To" 5*

Note:

- 1. Any Change in Premium / SA can be done 15 days prior to the Policy Anniversary Year
- 2. DGH form to be filled for Increase in SA
- 3. Premium should be 75% of the Annualized for Policies issued on or after 01Apr'09

I hereby confirm having read and understood all the policy terms and conditions including those applicable to this request. I understand and accept that my request shall be processed in accordance with the terms and conditions of the policy and that I shall be solely responsible for all the consequences arising out of this request including any incorrect or incomplete information contained herein.

[Signature box for Policy Owner]

Signature of Policy Owner

[Signature box for Assignee]

Signature of Assignee (only in case of Assignment)

Place: _____

Place: _____

Date: [][][][][][][][][][]

Date: [][][][][][][][][][]

* PO signature is not required in case of Absolute Assignment

