# REQUEST FOR CHANGE IN POLICY DETAILS

SBI Life INSURANCE With Us, You're Sure

***Please use separate form for each policy::Kindly fill all details in capitals::Any Corrections in the form need to be counter signed.***

To,
SBI Life Insurance Co Ltd, Branch_____

Date d d m m y y y y  Policy No

Name of the Policy Owner

| | Residence | Office | Mobile |
|---|---|---|---|
| Contact No | std | std | mobile |
| Email ID | | | |

Kindly make the following changes / corrections to my policy

*All fields are mandatory (At least one contact no is mandatory for processing your request. Contact nos mentioned above will be updated for future communication)*

☐ **Change / Correction in Name** ☐ ***Policy Holder*** ☐ ***Life Assured*** ☐ ***Nominee*** ☐ ***Appointee*** ☐ ***Life Beneficiary***

Reason for Change (In case of Surname / Complete name Change)_____

- *Change will be effected in all the policies where the client exists * For minor spelling corrections, supporting proof needs to be submitted*
- *For married women with a change in surname, Marriage certificate or Declaration signed by two witnesses along with a copy of marriage invitation is needed.*
- *For all other requests involving significant change a Gazette copy is required.*

☐ **Change in Date of Birth** ***Policy Holder*** ***Life Assured*** ***Nominee*** ***Appointee*** ***Life Beneficiary***

From d d m m y y y y **TO** d d m m y y y y

Reason for Change: _____

Supporting proof attached: ☐ Birth Certificate ☐ School Certificate ☐ Passport ☐ PAN ☐ Driving Licence ☐ Others_____

☐ **Change in Premium Payment Frequency:** Kindly change my payment frequency to: *(Please tick the desired option)*

☐ *Yearly* ☐ *Half Yearly* ☐ *Quarterly* ☐ *Monthly*

One of the following Auto debit modes is mandatory for monthly frequency. Select one and fill up the corresponding mandate.

☐ *ECS* ☐ *Direct Debit* ☐ *Standing Instructions – EFT (for State Bank Group Account holders only)*

*For other frequencies, we strongly advise that you take the advantage of one of our various alternate premium pay methods. Please enquire with our staff for full details.*

☐ **Change in Premium** From Rs. **TO** Rs.

☐ **Change in Sum Assured**

From Rs. **TO** Rs.

☐ **Change in Term / Vesting Age** From Years **TO** Years

☐ **Deletion of Rider:** I would like to cancel the following riders: 1._____ 2._____

☐ **Update PAN Number** ☐☐☐☐☐☐☐☐☐☐ (Self attested copy of the PAN Card is mandatory)

I have understood the meaning and scope of the change request form and take complete responsibility for the changes submitted by me. Any changes in the Policy / Personal details are subject to the policy terms and conditions and relevant underwriting guidelines.

Signature of Policy Holder

***Note:*** ***Changes are subject to product terms & conditions. Some changes are subject to underwriting approval and evidence of insurability including medical examinations as per the extant underwriting guidelines might be called for by SBI Life Insurance Company.***