

ULIP-FUND SWITCH & REDIRECTION FORM

Guidelines for filling the form:

- 1) Fund Switch charges would be levied as per the policy terms & conditions.
- 2) Fund switch can be done only if it is available under the chosen plan. Please refer the policy terms & conditions for the same. The Company reserves the right to add new fund option or close any of the existing funds.
- 3) Switch request should always be in percentage. The minimum switch amount and allowed percentages of switch FROM and switch TO a fund are specified in the policy terms & conditions. Where the policy terms & conditions do not specify an allowed percentage, it shall be treated as:
 - 'In multiples of 1%' for switch FROM a fund and
 - 'In multiples of 10%' for switch TO a fund
- 4) NAV applicable for liquidation of units in the fund and investment in the new fund will be as follows:
 - If request is received before 3.00 p.m. on a business day: Closing NAV of the Day
 - If request is received after 3.00 p.m.: Closing NAV of the Next Business Day
- 5) For policies under products SBI Life - Horizon III Pension, SBI Life - Horizon III and SBI Life - Smart Horizon:
 - (i) Cannot SWITCH from Plan C to Plan A or Plan B and cannot switch between Plan A and Plan B
 - (ii) Cannot REDIRECT to Plan A, if Plan B is chosen at inception or vice versa. However, redirection is allowed from Plan A or Plan B to Plan C, and from Plan C to either Plan A or Plan B but not both
- 6) Redirection is not applicable in single premium plans.

FOR OFFICE USE ONLY

Date:

Time:

Inward Stamp

Branch:

Branch Official Name:

Seal and Sign

| | |
|------------------------------------|--|
| Policy Number | |
| Name of the Policyholder | |
| Mobile No./Contact No. (Mandatory) | |
| E mail Address | |

FUND SWITCH

I hereby request you to kindly affect the following Fund Switch in respect of my Policy.

| SWITCH FROM | | SWITCH TO | |
|-------------|----------------|-----------|----------------|
| Fund Name | Percentage (%) | Fund Name | Percentage (%) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total | | Total | 100% |

Total of Percentage in 'TO' column must be 100%.

REDIRECTION

I hereby request you to allocate the future premiums in the revised proportion as shown hereunder and I also understand that 'Fund Redirection' will be applicable for the future premiums only.

| Fund Name | Percentage (%) |
|-----------|----------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total | 100% |

Total of Percentage in 'Percentage (%)' column must be 100%.

Declaration/ Authorization:

- I the Life Assured/ Policyholder, hereby request SBI Life Insurance Co. Ltd. to make necessary changes in my policy in accordance with the information furnished above. I hereby accept and agree to be bound by such changes.
- I agree and accept that the above request shall be treated as valid only on acceptance by SBI Life Insurance Co. Ltd.
- I understand and agree that the allocation of units, following this Fund Switch Request /Redirection shall be strictly as per the terms & conditions of the policy and the standard operating procedure of SBI Life.

Signature of Witness : _____

Name of Witness : _____

Date & Place : _____

Signature of Policyholder :

Signature of Assignee :

Declaration by a person other than the Insured/Policyholder is illiterate or signs in vernacular language.

I hereby declare that I have explained the contents of this form to the Policyholder in _____ language, that I have truly and correctly recorded the answers given by the Policyholder and that the Policyholder has affixed his/her Signature/Thumb impression on the form in my presence, after fully understanding the contents thereof.

Name & Address: _____

Signature of the Person making the Declaration:

SBI Life Insurance Co. Ltd.,

Registered & Corporate Office: "Natraj", M.V Road & Western Express Highway Junction, Andheri (East), Mumbai - 400069.
Central Processing Center: Kapas Bhavan, Plot No.3A, Sector No.10, CBD Belapur, Navi Mumbai - 400614.