

Request For Change Form

Policy Number _____

Name of Policyowner _____

Name of Insured _____ *PAN No of Owner _____

Part A (Please tick the appropriate box)

Change Type	Details	Remarks
Change of Mailing Address - Must be a local address in India - To be filled in case of Ownership change	Add 1 _____ Add2 _____ Add 3 _____ Landmark _____ City _____ State _____ Pin _____ Mobi No _____ Landline No _____ E-mail ID _____	Address Proof provided (Attach address proof:- Bank statement/ Passport / Driving License / Utility Bills (utility bills not more than 6 months old))
Change of Ownership - For Death of Original Owner - For Minor Insured becoming Major 1. RFC not to be filled for: - Transfer of Ownership rights (Assignment of Policy) - Please fill separate Assignment form 2. Attach ID and Address proof of the new owner (Mandatory)	Name of New Policyowner _____ Relationship with Insured _____ Age _____ (in Years) _____ Signature of Original Policyowner	Pls. fill address details of new owner in above 'Change of Mailing Address' section _____ Signature of New Policyowner
Addition/Change of Contingent Policyholder	Name of New Contingent Policyholder _____ Relationship with Insured _____ Age _____	Applicable only to Juvenile Policies
Correction of <input type="checkbox"/> Insured's Particulars <input type="checkbox"/> Policyowners's Particulars	Name _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth _____ (DD / MM / YYYY)	Attach gazette copy for Name change Attach age proof (Birth Certificate/School Certificate/Passport etc.) for DOB Change
Change of Signature <input type="checkbox"/> Insured <input type="checkbox"/> Policyowner	Reason for Change _____ _____ Old Signature	_____ New Signature
Change of Premium Mode	<input type="checkbox"/> Annual (once a year) <input type="checkbox"/> Semi-annual (twice a year) <input type="checkbox"/> Quarterly (four times a year) <input type="checkbox"/> Monthly* (twelve times a year) (*applicable only for payment through Credit Card (C.C), Standing Instructions (S.I.), Direct Debit (D.D.) & ECS)	For C.C 1. Debit Authorization Form 2. Copy of Credit Card (front side) For S.I 1. HSBC - Direct Debit Authorization Form preattested by HSBC bank 2. SBI - Direct Debit Authorization Form & Cancelled cheque For ECS/Direct Debit 1. ECS Form 2. Cancelled Cheque
Reduced Paid Up	<input type="checkbox"/> Reduced Paid Up	
Change in NFO Option	<input type="checkbox"/> Reduced Paid Up <input type="checkbox"/> APL/ Advance against Cash Value	Available only after 3 premiums has been paid
Others		

