

POLICY SERVICING FORM - 2(MONETARY FORM)



(Note: Mention multiple policy numbers if available)

IRDAI Registration No. 128

Policy Number: 1. _____ 2. _____
3. _____ 4. _____

Policy holder Name: _____
(First Name) (Middle Name) (Last Name)

Mobile: _____ Land Line Res/Off: _____
(Mobile number is mandatory)

Email id: _____ Alternate Mail Id: _____

DECREASE IN SUM ASSURED

I would like to reduce the Sum Assured amount from _____ Rs to _____ Rs
for the above mentioned Policy.

- I agree that, the reduction in Sum Assured will reduce as per the regulatory limits.
- I agree that reducing the Sum Assured will change the future benefits and premium in the Policy.
- The Policy documents required for the necessary endorsement along with consent letter.
- Alteration charges as applicable will be levied/has to be paid in advance.

ADDITION OF RIDER DELETION OF RIDER

Name of Rider for: _____ Effective From Date: _____

1. Addition of rider will not happen once the rider is deleted.
- I agree that deletion of rider will change and impact the future benefits in the Policy.
- Deletion of rider charges may be applicable.
- Critical Illness & Extra insurance cover riders can be added any time during the policy tenure, but premium will vary.
2. Rider inclusion will happen only when a life assured attains majority.
3. Once a rider is deleted in a policy. Subsequent request to add it will not be accepted by us.

OTHER ALTERATIONS

Existing Details

New Details

Age Admission / Age Proof Change _____

- Age Proof should be submitted along with the form

CHANGE IN DATE OF BIRTH

DOB Change from: ___ / ___ / ___
D D M M Y Y Y Y

DOB Change to: ___ / ___ / ___
D D M M Y Y Y Y

- On change / correction in age, Premium may be changed based on the underwriting decision.
- I agree that DOB change will change the future benefits in the Policy

* Note: Notary Attested copy of Valid DOB Certificate should be submitted.

INCREASE / DECREASE IN POLICY TERM

Change in Policy Term from: _____ Change in Policy Term to: _____

CHANGE IN PREMIUM FREQUENCY

Change in Premium frequency from: _____ Change in Premium Frequency to: _____

NOTE:

- For assigned Policies, assignees signature is required.
- Request needs to be submitted 15 days prior to the due date i.e. PTD. Any changes in the policy will change the future benefits of the policy.
- Alteration charges as applicable will be levied / needs to be paid in advance

POLICYHOLDER DECLARATION

I have understood the meaning and scope of the change request form and take complete responsibility of the change submitted by me. Any changes in the policy or personal details are subject to the policy terms & conditions and relevant underwriting guideline.

Signature of Life Assured/Policy Holder

Signature of Assignee (in case of assignment)

Date: _____ Place: _____

Date: _____ Place: _____

Declaration in case of Policy holder has affixed thumb impression or signed in vernacular language/form not filled by policy holder.

I hereby declare that I know the policy holder from (since when) _____ and I have explained the contents of this policy servicing form to the Policy Holder in _____ language and have truthfully recorded the answers provided to me. I further declare that the policy holder has signed/ affixed his/ her thumb impression in my presence.

Name & address of the Declarant: _____

Date: _____ Place: _____

Signature:

OFFICE USE ONLY



Policy No.Policy Holder Name.....

Documents Received.....

Branch Name.....

Branch Operations Executive Name.....

Date: *DD / MM / YYYY* Time: AM / PM

Accepted / Rejected For Processing: Yes / No

Branch Stamp (If available)

BOE / Staff Signature

Policy Holder Acknowledge / Acknowledgement Copy



Policy No.Policy Holder Name.....

Documents Received.....

Branch Name.....

Branch address (In short with nearest land mark)

.....

.....

Branch Operations Executive Name.....

Date: *DD / MM / YYYY* Time: AM / PM

Accepted / Rejected For Processing: Yes / No

Branch Stamp (If available)

BOE / Staff Signature