



SHRIRAM LIFE INSURANCE COMPANY LIMITED

FUND SWITCH REQUEST FORM

Place:
Date:

Policy Holder / Life Assured Name: _____

Policy No: _____

Date of commencement of policy: _____

Name of the Plan: _____

Fund Switch Request:

| From (Name of the Fund) | To (Name of the Fund) |
|--------------------------------|------------------------------|
| | |

Note: After processing the **Fund Switch Request**, the Switch transaction would be applicable to the existing and your future premiums shall continue to be allocated in the same fund as it exists today.

Terms & Conditions:

- ❖ *Fund switch is allowed free of cost TWO times in a policy year, but the same cannot be carried forward to the next year.*
- ❖ *For any additional switch other than the free switches allowed in a policy year, a charge of Rupees 100/- per switch will be levied by deducting units from your fund.*
- ❖ *The policy holder can switch from one fund to another fund out of the funds mentioned within the plan anytime after first year and during the policy term.*
- ❖ *The request for fund switch should be submitted to the office of the company, where the policy is being serviced.*

(Office STAMP)

Signature of Policy Holder / Life Assured / Assignee

(In case of Absolute



Assignment of policy)

.....
Acknowledgement for Fund Switch Request

Date:

Name of Policy Holder: _____

Policy No: _____ **& Plan:** _____

Fund Switch From _____ **to** _____

Received by _____ **Branch** _____ **D.O** _____

Office Stamp