



Addition of Rider

Total Premium	Choice of Rider (Sum Assured in ₹)						
	Critical Illness	Accidental Death Benefit	Accidental Total and Permanent Disability	Hospital Cash Benefit	Term	Payor Waiver Benefit*	Waiver of Premium
							<input type="checkbox"/> Y <input type="checkbox"/> N

\* Payor Waiver Benefit Rider:  On Death  On CI or ATPD  On Death, CI or ATPD  
(Applicable only when Life Insured and Proposer are different)

Top-Up Premium

A. Fill the fund allocation of your Top-up premium

Name of the Fund	Amount (₹)
Equity Large Cap Fund (SFIN:ULIF00118/08/11EQLARGECAP147)	
Equity Top 250 Fund (SFIN:ULIF0027/07/11EQTOP250147)	
Bond Fund (SFIN:ULIF00317/08/11BONDFUND147)	
Money Market Fund (SFIN:ULIF00425/08/11MONEYMARKET147)	
Price Earning Based Fund (SFIN:ULIF00526/08/11PEBASED147)	
Managed Fund (SFIN:ULIF00618/08/11MANAGED147)	
<b>TOTAL</b>	

B. Top-Up Amount:  Minimum  Maximum

- Top-Up premium is subject to terms and conditions of the policy.
- It is mandatory to submit duly filled Certificate of Insurability & same will be subject to underwriting norms.
- Income Proof if the Top-Up amount is more than ₹ 100,000/-.

Change in Premium Payment Method / Billing Frequency

Premium payment Method:  Direct Bill  ECS  CC Standing Instruction  
(ECS Mandate & Cancelled cheque would be required if opted for ECS) (CCSI Form & Front Copy of Credit Card would be required, if opted for CCSI)

Billing Frequency Required:  Annual  Semi Annual  Quarterly  Monthly

Changes in Sum Assured

Increase  Decrease

From ₹ :  Required ₹ :

**Note :** Change in sum assured is subject to terms and condition of the policy or evidence of insurability in accordance with company under writing guidelines.

**DECLARATION:** Upon signing the request above, I, the Policy Holder hereby declare that all the information given above is true and correct and I agree to all the terms and conditions.

**For Branch Office Use**

Staff Name: \_\_\_\_\_

Staff Sign: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.

\_\_\_\_\_  
Signature of the Policy Holder

Date:

Place: \_\_\_\_\_

**Acknowledgement Slip**

Received a request for \_\_\_\_\_ for policy no.: \_\_\_\_\_ on           at \_\_\_\_\_ a.m./p.m.



Corporate Office:  
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Stamp/ Seal of the Branch