POLICY SERVICE REQUEST FORM



Assignee's Stamp and Signature

Change in Name / Change in Permanent or Correspondence Address / Change in Contact / Email ID / Update PAN / GSTIN Details / Update Bank Account Details / Mandate Cancellation / Addition of Rider / Top-Up Premium / Change in Premium Payment Method / Billing Frequency / Change in Sum Assured

Edelweiss Tokio Life Insurance Company Limited | IRDAI Regn. No.: 147 | CIN: U66010MH2009PLC197336 Registered Office: 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070

Fill the form in BLOCK LETTERS only. Policy No.: Date: D D MM Name of the Policy Holder: _____ Tel. No.: Address: Pin Code: _ **Change in Name** Life Assured Policy Holder Change in Name From: Change in Name To: Married woman whose name has been changed due to marriage is requested to submit the Marriage certificate along with this form. For all others, attested copies of Gazette notification are required to be submitted. **Change in Correspondence Address** New Address: City / District: State: Pin Code: (Provide any of the following Address proofs along with this form) Aadhar Card Passport Driving License Voter's Card NREGA Job Card NPR (National Population Register) Letter Offline Verified Aadhar Card Others Change in Contact / Email ID / Update PAN / GSTIN Details New Mobile No.: + Country Landline No.: New Alternate Contact No.: Are New Email ID: **GSTIN Update of Bank Account Details** Bank Name Account Holder's Name IFSC Account No. • Note all policy payouts will be made to the above account Account Proof accepted: Personalised Cancelled Cheque / Bank Pass Book / Bank Statement **Mandate Cancellation** Request for deactivation needs to be submitted 15 days prior to the debit date. If the request is given within 15 days from the debit date, then the premium will be debited as per the existing mandate on the debit date and the mandate shall be deactivated from the next due date. Mandate Deactivation request stands confirmed only once the request is complete in all aspects and the same is accepted and processed. 4. Assignee's details, registered stamp (wherever applicable) and signature are mandatory in case of assigned policies. Reason for deactivation: **Mandate Cancellation For Assigned Policies** Name of the Assignee ___ Place: ___

Addition of Rider								
Choice of Rider (Sum Assured in ₹)								
Total Premium	Critical Illness (CI)	Accidental Death Benefit (ADB)	t and Pe	ntal Total rmanent ty (ATPD)	Hospital Cash Benefit	Payor Waiver Benefit*	Waiver of Premium	
							Y	
* Payor Waiver Benefit R	lider: On Death	On CI or ATI	PD On D	eath, CI or	ATPD			
(Applicable only when Li								
Top-Up Premium								
A. Fill the fund allocatio	n of your Ton-up prei	mium		B To	op-Up Amount:	Minimum	Maximum	
Name of the Fund	Tronyour top up pres		ount (₹)] .				
Equity Large Cap Fund (SFIN:ULIF00118/08/11EQLARGECAP147)			,		 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. 			
(SFIN:ULIF00118/08/11EQLARGECAP14/) Equity Top 250 Fund (SFIN:ULIF0027/07/11EQTOP250147)								
Bond Fund (SFIN:ULIF00317/08/11BONDFUND147)				•	Income Proof if the Top-Up amount is more than ₹ 100,000/			
Money Market Fund (SFIN:ULIF00425/08/11M					< 100,000/			
PE Based Fund	•			-				
(SFIN:ULIF00526/08/11PE								
(SFIN:ULIF00618/08/11MANAGED147) Equity Blue Chip Fund								
(SFIN: ULIF01226/11/18E								
(SFIN: ULIF01326/11/18ETLGILTFND147) Long Term Bond Fund								
(SFIN: ULIF01426/06/20E	TLLNGTERM147)			<u> </u> 				
TOTAL								
(ECS Mandate & Cancelled of Billing Frequency Require Changes in Sum As	ed: Annual	Semi Annual	Quarterly		onthly		,	
Increase De	ecrease	Required ₹ :						
Note : Change in sum assu	red is subject to terms	•		idence of in:	surability in accordanc	e with company unde	r writing guidelines	
DECLARATION: Upon sig		ve, I, the Policy H	lolder hereby	declare th	at all the information	n given above is true	and correct and	
For Branch Office Use		1	Date and Time	e Stamp				
Service Request No.:			,					
Branch Name:						Signature of th	e Policy Holder	
Staff Name:		1						
Staff Sign:					Date	e: DD MM	YYYY	
Place:					Plac	e:		
*KYC document to be co Vernacular Declaration	·	·	Janaugga ethe	r than Frais	h / Affiyad Thumb Inn	raccion		
I hereby declare that Policyholder Mr. / Mrs. the thumb impression / fully understanding the the Company in any ma	I have explained the / Ms. in their language signed in a language contents thereof. I f	contents of the e and that the Po other than Englisl	payout form licyholder has h in my presen	to the affixed		I Signature of the De	eclarant	
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ossived a resource for			nowledge		• — — –			
eceived a request for			J		on D D [M M Y Y Y	at a.m./p.	
Edelweis Tokio	KITOLE	ered Office: reiss Tokio Life Insural oor, Tower 3, Wing 'B', Road, Kurla (W), Mumi	, Kohinoor City, bai 400070					

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