

Assignee's Stamp and Signature

* 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

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.

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Signature of the Policy Holder

Date:

D	D
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M	M
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Y	Y	Y	Y
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Place: _____

*KYC document to be collected as per Service Request

Vernacular Declaration *(To be filled if the Customer has signed in language other than English / Affixed Thumb Impression)*

I hereby declare that I have explained the contents of the payout form to the Policyholder Mr. / Mrs. / Ms. in their language and that the Policyholder has affixed the thumb impression / signed in a language other than English in my presence after fully understanding the contents thereof. I further declare that I am not related to the Company in any manner, whatsoever.

Name and Signature of the Declarant

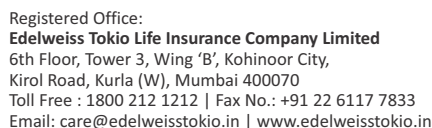
Received a request for _____ for policy no.: _____ on

D	D
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M	M
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Y	Y	Y	Y
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 at _____ a.m./p.m.



Stamp/ Seal of the Branch