Format For Change In Signature / Specimen Signature

All the information is to be filled in BLOCK LETTERS.

Date: [D][D][M][M][Y][Y][Y][Y]

Policy Number 1: [ ][ ][ ][ ][ ][ ][ ][ ]   Policy Number 2: [ ][ ][ ][ ][ ][ ][ ][ ]   Policy Number 3: [ ][ ][ ][ ][ ][ ][ ][ ]

Client ID: [ ][ ][ ][ ][ ][ ][ ]   Name of the Policy Owner: _____

PAN: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   Mobile Number: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

PAN should be furnished when your annual contribution* is Rs. 50,000 or more in a financial year
*Annual contribution would mean total Annual premium across all policies held by you as a customer + sum of all Top ups made in a financial year + any other payments made by you as a customer in the financial year

I hereby provide my consent to receive a Call/SMS with regards to my request as given herein _____ day of _____ 20 _____ and the same is witnessed hereunder.
I further state that henceforth, the signature as appended below should be considered for all future requests received for this policy/these policies under my Client ID.

☐ **Change in Signature**		☐ **Specimen Signature**		**Bank Seal** (of the bank where the policy Owner holds an account)
Signature (OLD)	Signature (NEW)	Specimen Signature 1	Specimen Signature 2	

Help us know you better! For which financial goal did you choose your life insurance Policy?

For Your Family & You	For Efficient Financial Planning	For Your Aspirations
☐ Childs Education	☐ Saving	☐ Wealth Creation
☐ Childs Marriage	☐ Wealth Creation	☐ Retirement Planning
☐ Family Protection & Risk	☐ Tax planning	☐ Legacy Planning
☐ Protection against Health	☐ Business Continuity	
☐ Cover Outstanding Loans		

Bank Name: _____   Bank Account Number: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Bank Employee's Name: _____   Bank Branch Name: _____

Designation: _____   Employee Code: _____   Signature: _____

Any alterations/corrections made in the form need to be duly signed by the policy owner.

I confirm that the Policy Owner has signed in my presence and I authenticate the same.

ABSLI Staff's Name*: _____   Employee Code: _____

Designation: _____   Branch Name: _____

Signature: _____   Stamp / Seal of the Branch   [   ]

Note: Any of the following documents will be accepted as photo identity proof reflecting the above new signature, a copy of which is required to register the new signature, please carry the originals for verification at branch. Address proof and Photo ID proof with DOB - Self attested and attested by Aditya Birla Sun Life Insurance Company Limited (ABSLI) authorized signatory. Along with signature change form, we will also need the policy Owner's bank details i.e. preprinted cancelled cheque or preprinted passbook copy or statement. (In case the cancelled cheque is of a new account, preprinted passbook copy / bank statement is mandatory)

☐ Driving License   ☐ Passport   ☐ Banker's Certificate   ☐ Pan Card   ☐ Bank Attestation
☐ Bar Council ID for Lawyers with photograph   ☐ PIO card with photograph   ☐ Armed Force ID card with photograph

To update your contact details please complete the Profile Updation Form
Please collect stamped, signed and filled up acknowledgment slip, which you can refer to for all your communications in regard to this request.