

Life Insurance

Aditya Birla Sun Life Insurance Company Ltd.



ADITYA BIRLA CAPITAL

PROTECTING INVESTING FINANCING ADVISING

Pending Policy Change Request Form

Any alterations/corrections made in the form need to be duly signed by the policy owner. Complete relevant sections in the form for changes/ transactions required by you. To be filled in block letters only. Kindly strike out the sections not required

Original Application No.:

Policy No.:

Client Owner id:

Client Owner ID (Life Assured):

1. Change of Sum Assured/Benefit Period/Paying Period/Basic Premium

From Sum Assured: _____ Benefit Period: _____ Paying Period: _____ Basic Premium: _____
To Sum Assured: _____ Benefit Period: _____ Paying Period: _____ Basic Premium: _____

Rider (If any)

1. Sum Assured: _____ Benefit Period: _____ Paying Period: _____ Basic Premium: _____
2. Sum Assured: _____ Benefit Period: _____ Paying Period: _____ Basic Premium: _____
3. Sum Assured: _____ Benefit Period: _____ Paying Period: _____ Basic Premium: _____

2. Change of Premium mode-Pending policy

From: Annual Semi Annual Quarterly
Direct Bill Direct Bill Direct Bill
To: Annual Semi Annual Quarterly
Direct Bill Direct Bill Direct Bill

3. Change in address

New Mailing Address: _____
Pin code:

Address Proof Submitted _____

New contact details: Mobile No.:

Telephone (R/O):

Email id: _____

4. Change in Investment / Fund Option

Investment Option LifeCycle Option Smart Option Risk Profile Conservative Moderate Aggressive
 Return Optimser Option Frequency Monthly Weekly Transfer Date: 1st 8th 15th 22nd
 Systematic Transfer Option (Applicable only for monthly mode)
Transfer Fund _____ Fund Name _____ % _____ Fund Name _____ % _____ Fund Name _____ % _____ Fund Name _____ %
(In increments of 5% with minimum of 5% and maximum of 100% in any fund option. Total must be 100%)
 Self-Managed Option (In increments of 5% with minimum of 5% and maximum of 100% in any fund option. Total must be 100%)

Liquid Plus (ULIF02807/10/11BSLLIQPLUS109) _____%	Enhancer (ULIF00213/03/01BSLENHANCE109) _____%	Maximiser (ULIF01101/06/07BSLINMAXI109) _____%
Income Advantage (ULIF01507/08/08BSLIINCADV109) _____%	Creator (ULIF00704/02/04BSLCREATOR109) _____%	Multiplier (ULIF01217/10/07BSLINMULTI109) _____%
Assure (ULIF01008/07/05BSLIASSURE109) _____%	Magnifier (ULIF00826/06/04BSLIIMAGNI109) _____%	Super 20 (ULIF01723/06/09BSLSUPER20109) _____%
Protector (ULIF00313/03/01BSLPROTECT109) _____%	Capped Nifty Index (ULIF03530/10/14BSLICNFIDX109) _____%	Pure Equity (ULIF02707/10/11BSLIPUREEQ109) _____%
Builder (ULIF00113/03/01BSLBUILDER109) _____%	Asset Allocation (ULIF03430/10/14BSLIASTALC109) _____%	Value & Momentum (ULIF02907/10/11BSLIVALUEM109) _____%

Acknowledgement slip

Received a request for _____ against Policy Number:

Policy Owner : _____ Reference No.: _____

Branch: _____ Received By: _____

Stamp/Seal of the branch

Note: NACH and Credit card Facility is available across all modes. Monthly modes are available only through NACH or credit card. For availing these facilities a NACH mandate form along with a pre-printed cancelled cheque or a Credit Card Authorization form with a photocopy of only the front of the Credit Card, will be required. You can download the forms from our website www.adityabirlasunlifeinsurance.com or call 1-800-270-7000 for the same.

I hereby agree and confirm that the above details provided by me are true and correct. I request you to update above information in your records. I hereby provide my consent to receive call from Aditya Birla Sun Life Insurance Company Limited (ABSLI) or its authorized Service Providers in connection with any matter related to my above Policy. ABSLI reserves the rights to call for additional documents/requirements.

Signature of Policy Owner

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Please collect stamped, signed and duly filled acknowledgement slip, which you can refer to for all your communication in regard to this request.

Aditya Birla Sun Life Insurance Company Limited
(Formerly known as Birla Sun Life Insurance Company Limited)
Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1,
16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg,
Elphinstone Road, Mumbai - 400013
+91 22 6723 9100 | CIN: U99999MH2000PLC128110
www.adityabirlasunlifeinsurance.com

Life Insurance

Aditya Birla Sun Life Insurance Company Ltd.



**ADITYA BIRLA
CAPITAL**

1800-270-7000