

FORM FOR PREMIUM REDIRECTION

Branch Name		Branch Code	
Received by			
Received at Branch Date		Time	

PERSONAL DETAILS			
Policy No.			
Mobile No.		Tel No.	
Policy holder's name			

DECLARATIONS	
<input type="checkbox"/> *I hereby request that my current fund holding under the above policy be invested in the proportion as mentioned below Fund Switch (FS):	
Fund Name	Percentage
Fund applicable should be as per product Literature. • Subject to Terms and Condition of policy document	
General rules: <ul style="list-style-type: none"> • All details are mandatory for processing. • Request received up to 3.00 p.m. by the company the closing NAV of the day on which such request was received shall be applicable. • Request received after 3.00 p.m. by the company the closing NAV of the next business day shall be applicable. • Unit Linked Life Insurance Products are different from the traditional insurance products and are subject to the market risk. • Under this plan, the investment risk in the investment portfolio is borne by the policy holder. • For Top UP Income Proof to be submitted if the Top Up amount is equal to or greater than ₹1 Lakh. • If the Top Up premium increases the Sum Assured, then acceptance of such Top Premium is subject to Underwriting Approval. • The allocation of Top would be considered after recovery of all unpaid premium and charges. • All rules and regulation of IRDAI are applicable. 	
I confirm, I have understood the relevant policy provisions and applicable rules before making this application.	
Policy Owner Signature	<div>Date</div> <div>Place</div>