

FORM FOR FUND SWITCH

Unit Linked Life Insurance Products are different from the traditional insurance products and are subject to the market risk. In this policy the investment risk in the investment portfolio is borne by the policyholder.

Branch Name		Branch Code	
Received by			
Received at Branch Date		Time	
Policy No. / COI			
Product Type	☐ Gratuity ☐ Leave Encashment	Superannuation	☐ DB ☐ DC
Tel No.			
Policy Holder / Member Name & Address			

DECLARATIONS

☐ *I hereby request that my current fund holding under the above captioned policy be invested in the proportion as mentioned below

Fund	Switch From	Switch To
	Percentage (%)	Percentage (%)
Group Cash Fund (SFIN:ULGF014010118GRPCSHFUND133)		
Group Income Fund (SFIN:ULGF015010118GRPINC FUND133)		
Group Enhanced Income Fund (SFIN:ULGF016010118GRPEINFUND133)		
Group Secure Fund (SFIN:ULGF017010118GRPSECFUND133)		
Group Balanced Fund (SFIN:ULGF018010118GRPBALFUND133)		
Group Growth Fund (SFIN:ULGF019010118GRPGTHFUND133)		

Note:

- Unlimited number of switches are allowed with no switching charges. The switch request shall be processed as per IRDAI guidelines
- The amount to be switched should be at least ₹5,000/-
- Changes would be considered only if the Policy is in force
- In case of superannuation scheme,
 - o Compared to the Assured Benefit, only excess of Fund Value can be switched to any of the above 6 segregated funds
 - o In case the Fund Value is lesser than the Assured Benefit, switching can be done between the Group Cash Fund and the Group Income Fund only.

General rules:

- All details are mandatory for processing
- For requests 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
- For requests received after 3.00p.m. by the company the closing NAV of the next business day shall be applicable

I apply to switch Percentage of Fund from / to the Fund held in my account under this scheme as indicated above.

I confirm, I have understood the relevant policy provisions and applicable rules before making this application.

Policy Owner Signature _____ Date _____ Place _____

Declaration when the policyholder has affixed his/ her thumb impression or has signed in a language other than English

I hereby declare that I have explained the contents of this form to the policyholder/ member in _____ language and that the policyholder / member has affixed his/her Signature/ Thumb impression on the form in my presence, after fully understanding the content thereof.

Signature of the person making the declaration _____

The Company has an anti- fraud policy in place. Please refer to the website for details.