

ULIP Contribution Form

licy Holder / Member Name:					
heme Name:					
te					
Payment Instrument:					
Bank Details	Instrument Dated		Paid Amount (INR)	Cheque/Neft No	
Fund			SFIN No.	% Allocation	
Group Cash Fund		SFIN:ULGF014010118GRPCSHFUND133			
Group Income Fund		SFIN:ULGF015010118GRPINCFUND133			
Group Enhanced Income Fund		SFIN:ULGF016010118GRPEINFUND133			
Group Secure Fund		SFIN:ULGF017010118GRPSECFUND133			
Group Balanced Fund		SFIN:ULGF018010118GRPBALFUND133			
Group Growth Fund		SFIN:ULGF019010118GRPGTHFUND133			
egulatory and Development A eneral rules : All details are mandatory for y on which such request was osing NAVof the next busines	Authority (IRDA processing • F s received shall ss day shall be to the fund h	A) in this behalf Request receive I be applicable applicable. eld in my acco	d up to 3.00 p.m. by the compa • Request received after 3.00p unt under this scheme as indic ation given above.	any the closing NAV of the .m.by the company the ated above. I hereby declare	
			Signature of TRUSTE	ES along with Trust Seal	

Generali Group's and Central Bank of India's liability is restricted to the extent of their shareholding in Generali Central Life Insurance Company Limited. Generali Central Life Insurance Company Limited (Formerly known as 'Future Generali India Life Insurance Company Limited') (IRDAI Regn. No.: 133) (CIN: U66010MH2006PLC165288). Regd. Office & Corporate Office address: Unit 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai - 400083 | Email: care@generalicentral.com | Call us at 1800 102 2355 | Website: www.generalicentrallife.com