

REQUEST FOR CHANGE IN POLICY DETAILS

1. Please use separate form for each policy 2. Kindly fill all details in BLOCK letters 3. Any Corrections in the form need to be counter signed

To,
SBI Life Insurance Company Ltd.,
Branch _____

Date:

Policy Number:

Name of the Life Assured: Mr. Mrs. Ms.

1. Change/ Correction in Name: Policy Holder Life Assured Nominee Appointee Life Beneficiary Policyholder's Father's Name

Old Name:

New Name:

Reason for Change (In case of Surname / Complete name Change) _____

- Change will be incorporated in all existing policies of the customer. For minor spelling corrections, supporting needs to be submitted
- For married women with a change in surname, Marriage certificate or Declaration signed by two witnesses along with a copy of marriage invitation is required.
- For all other requests involving significant change, a Gazette copy is required.

2. Correction in Date of Birth (D.O.B): Policy Holder Life Assured Nominee Appointee Life Beneficiary

Old D.O.B.:

New D.O.B.:

Reason for Change: _____

Supportings attached: School Certificate Passport PAN Driving Licence Others _____

* Standard Age proof should be Self Attested and verified by Gazette Officer / SBI Life official (Assistant Manager or above)

In case Aadhaar card is provided as ID or Address proof

I hereby give my voluntary consent to SBI Life Insurance Company Limited (SBI Life) and authorise the Company to obtain necessary details like Name, Address, Mobile Number, Email, Photograph through the QR code available on my Aadhaar card / XML File shared using the offline verification process of UIDAI. I understand and agree that this information will be exclusively used by SBI Life only for the KYC purpose and for all service aspects related to my policy/ies

I hereby give my consent and authorization to the Company to; (1) consider the data furnished in/along with this application for retrieving my KYC identifier from the Central KYC Registry (CKYCR) and/or for providing/ updating my KYC details with the Central Registry of Securitisation Asset Reconstruction and Security Interest ("CKYCR") and/or vice versa (in case CKYCR informs the Company about an update in data), (2) receiving information from CKYCR through SMS / email on the registered mobile number/email address, and (3) to download and retrieve my KYC details and records from CKYCR, for identity/address verification.

3. Change in Premium Payment Frequency: Kindly change my payment frequency to: (Please tick the desired option)

Yearly Half Yearly Quarterly Monthly

Auto debit modes is mandatory for monthly frequency. Select one along with the corresponding mandate.

RCS Direct Debit Standing Instructions - EFT (for State Bank Group Account holders only)

For other alternate premium payment methods, please contact SBI Life Branch for details

Change in premium: From ₹ To ₹

Change in Sum Assured: From ₹ To ₹

Change in Plan Option : From To

Change in Term /Vesting Age: From Years to Years

Deletion of Rider: I would like to cancel the following riders: 1. _____ 2. _____

Activation of Auto life cover: Yes No

Update PAN. (Self attested copy of the PAN Card is mandatory)

<p>I Have understood the meaning and scope of the change request form and take complete responsibility of the changes submitted by me. Any changes in the Policy / Personal details are subject to the policy terms and conditions and relevant underwriting guidelines.</p>	<p>Thumb impression / Signature of Policy Holder</p>
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(If policyholder is illiterate or is signing in a language other than the language of this form, his/her thumb impression/signature must be attested by any Gazetted Officer, Notary, his/her Banker or SBI Life Official not below the rank of Assistant Manager with his/her official seal after explaining the content of this form.)

Name of the Employee : Occupation:

Address:

Signature of person making the declaration

(For Office Use Only. To be filled in by receiving Branch)

Branch Name: Inward No:

Receipt Date: Time : _____ am/pm Outward No.

Received by: Employee ID:

Signature of Receiver