

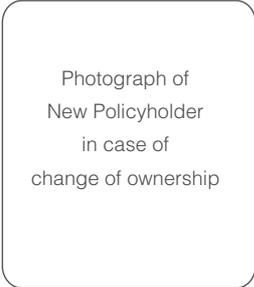
Request For Change Form

Date / /

Policy Number

Insured Name

Policyholder/Assignee Name



Part A: Please tick the appropriate change type and provide necessary details

Change Type	Details	Remarks
<input type="checkbox"/> Change in Mailing Address / Email ID / Contact details:	_____ Mobile No: _____ Landline No: _____ E-mail ID _____ Address Proof Submitted* _____	<ul style="list-style-type: none"> • Must be a local address in India • To be mandatorily filled in case of Ownership change • *Valid self attested Driving License, Passport, Aadhar Card and Electric Bill.
<input type="checkbox"/> Change of Ownership	Name of New Policyholder _____ Relationship with Insured _____ Age _____ (in Years) <input type="checkbox"/> ID Proof of New Policyholder _____ <input type="checkbox"/> Address Proof of New Policyholder* _____ <input type="checkbox"/> Photograph of New Policyholder <input type="checkbox"/> NEFT form of New Policyholder	<ul style="list-style-type: none"> • For Death of Original Owner • For Minor Insured becoming Major • Not to be filled for Assignment of Policy. Please fill separate Assignment form • Please provide valid self attested ID proof ,address proof of new policy holder along with recent photograph. • Cancelled cheque for NEFT • For Signature - Please provide old as well as new signature and reason for change of signature • Self-Attested PAN card copy • Self-Attested Aadhaar copy Note: All policy transactions in future shall be processed on the basis of authorization by the revised signature
<input type="checkbox"/> PAN and Aadhaar Updation	Pan of Insured <input type="text"/> Pan of Owner <input type="text"/> Aadhaar Number of Insured <input type="text"/> Aadhaar Number of Owner <input type="text"/>	
<input type="checkbox"/> Change of signature (Reason)	_____ _____ Existing Signature/Old Policyholder signature New Signature/ New Policyholder signature	
<input type="checkbox"/> Change of Premium Mode	(*applicable for payment through Credit Card(C.C), Standing Instructions(S.I), Direct Debit(D.D) & NACH) <input type="checkbox"/> Annual(Once in a year) <input type="checkbox"/> Semi-annual (Twice a year)# <input type="checkbox"/> Quarterly (Four times a year)# <input type="checkbox"/> Monthly (Twelve times a year)#	<ul style="list-style-type: none"> • For Credit Card : CC Debit Authorization Form & Self attested Copy of CC (front side) • For SI through below banks : HSBC - SI Form pre-attested by HSBC Bank , SBI - SI Form & Original • For ECS/Direct Debit : ECS & DD Form & Original Personalized Cancelled Cheque • For NACH : NACH Form & Original Personalized Cancelled Cheque
<input type="checkbox"/> Correction of Insured/ Policyholder's particulars	(Please select an option from below and provide details) <input type="checkbox"/> Insured <input type="checkbox"/> Policyholder <input type="checkbox"/> Name <input type="checkbox"/> Gender <input type="checkbox"/> Date of Birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Old details _____ New details _____	
<input type="checkbox"/> Change/Addition of Contingent Policyholder	(Applicable only to Juvenile Policies) Name of New Contingent Policyholder _____ _____ Relationship with Insured _____ Age _____ (in years)	
<input type="checkbox"/> Reduced Paid Up Value	(Available only after 3 premiums have been paid)	
<input type="checkbox"/> Automatic Premium Loan/Advance against Cash Value	(Available only after 3 premiums have been paid)	

Residence for Tax Purposes in jurisdiction(s) outside India (To be filled in case of change in tax residency status)
 Yes No If Yes, Please mandatorily fill the NRI/OCI/PIO/ FN Questionnaire/ FATCA and CRS-Self Certification form

Are you a Politically exposed person

Yes No If Yes, Please provide details _____

Change of occupation : New Occupation: _____
Since / /

Exact Nature of Daily Duties: _____

Employer's Name and Address: _____

Employer's phone No: _____

Others _____

Part B: Please tick the appropriate change type and provide necessary details.

Please provide 1. Health Certificate 2. New Sales illustration sheet 3. New Modal Premium

Change of basic plan (Please submit original Policy document (Original Copy) in addition)

Basic Plan Name (Original) ₹ _____ (New) ₹ _____

Basic Sum Assured (Original) ₹ _____ (New) ₹ _____

Increase in Sum Assured

Decrease in Sum Assured (Health Certificate is not required)

Old Sum Assured ₹ _____ New Sum Assured ₹ _____

Addition of Rider

Deletion of Rider (Health Certificate is not required)

Change in Rider Sum assured

Rider Name _____ Sum Assured ₹ _____

Rider Name _____ Sum Assured ₹ _____

Rider Name _____ Sum Assured ₹ _____

Declaration & Authorization

No request shall be deemed to be treated valid and effective unless received by Tata AIA Life Insurance Co. Ltd. (hereinafter referred to as "the Company") during the life time of the Insured and is finally accepted by the Company. The receipt of this form by the agent does not constitute receipt / acknowledgement by the Company. I/We understand that (i) the Company may be unable to process this application if I/we fail to provide any further information requested by the Company and (ii) I/we have the right to obtain access to and to request correction of any personal information held by the Company concerning me/us.

Undertaking by Policyholder (for Unit Link policies only)

I, _____, understand and undertake that the total premium paid till date (including the previously paid premium), shall be allocated and applied to the units, based on the NAV of either of the following:

(a) the underwriting date + 1 working day or (b) date of receipt (in case of local cheque) / clearance (in case of outstation cheque) or (c) date of completion of all formalities, whichever is later.

Signature of Insured

Signature of Policyholder/ Assignee/
Trustee (if other than Insured)

Signature of Witness/ Assignee/
Trustee (if other than Insured)

Date:

Insured sign required only if Owner and Insured different. Applicable only for Part B/Part A – Insured Particular's change.

We recommend you to have nomination in your policy, as per The Insurance Act, 1938. In case of change in your address, please notify the details along with address proof in order to enable us provide you better service.

Declaration in case the policyholder is illiterate or signing in vernacular:

NOTE: The declarant has to be 21 years old or above and should be a person, other than the beneficiary of this policy.

I _____ (name) with _____ (identity card type) _____ (identity number) hereby

declare that I have explained the contents of the Request for Change Form to the Policyholder in _____ language and that the Policyholder has

signed / affixed his/her thumb impression on the Request for Change Form after fully understanding the contents thereof.

Signature of the Declarant

Signature of the Witness

Tata AIA Life Insurance Company Limited (IRDAI Regn. No.110 • CIN: U66010MH2000PLC128403). **Registered & Corporate Office:** 14th Floor, Tower A, Peninsula Business Park, Senapati Bapat Marg, Lower Parel, Mumbai - 400013. Trade logo displayed above belongs to Tata Sons Ltd and AIA Group Ltd. and is used by Tata AIA Life Insurance Company Ltd under a license. For any information including cancellation, claims and complaints, please contact our Insurance Advisor / Intermediary or visit Tata AIA Life's nearest branch office or call **1-860-266-9966** (local charges apply) or write to us at **customercare@tataaia.com**. Visit us at: **www.tataaia.com** or SMS 'LIFE' to **58888**.

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