Change in Premium Payment Mode

EXIDE Life Insurance

Note: Please complete the form in CAPITAL LETTERS. **All fields with (*) are mandatory**

POLICY DETAILS

Policy Number*: Policy Holder's Name*:

ADDRESS

Address*:

City*: State*: PIN*:

Landline*: Mobile*:

E-mail*:

MODE CHANGE DETAILS

I hereby request Exide Life Insurance Company Limited to change the premium payment mode for the above policy number as per the details given below:

(Please tick mark the option)

Present Mode	Mode Requested
☐ Annual	☐ Annual
☐ Semi-Annual	☐ Semi-Annual
☐ Quarterly	☐ Quarterly
☐ Monthly	☐ Monthly

Revised Installment premium : ₹ _____

(I understand that the amount mentioned above includes Goods & Services Tax (GST) and is subject to changes depending upon prevailing Service Tax rates.)

Amount Paid : ₹_____ Cheque No:_____ Date:_____ Bank & Branch_____

I understand that any request for change in premium payment mode should be received by Exide Life Insurance Company Limited at least one month prior to the Policy Anniversary Date, and that my request for mode change would be processed, subject to the Company's policies governing the same.

***Note : Submission of ECS/SI/CC forms is mandatory for monthly mode**

Signature /Thumb Impression of the Applicant:

Date: D D M M Y Y Y Y

DOCUMENTS REQUIRED

If there is a change in address, please submit any one of the following address proof. Tick against the appropriate (✓)*

Telephone Bill ☐ Water Bill ☐ Employer's Certificate ☐ Co. Lease Agreement/ Rent ☐ ESI Card ☐ Ration Card ☐

Valid Passport ☐ Electricity Bill ☐ Valid Driving License ☐ Bank letter/ statement ☐ Aadhar Card ☐ Gas Bill ☐

Note: Statements/Receipt/Bill/Certificate should not be more than two months old from the request submission date.

FOR OFFICE USE ONLY

Name of the Customer Service Representative: Branch Code: Signature:

Date: D D M M Y Y Y Y Employee No.:

POS/AMC/Version 2.3/Nov 2018

ACKNOWLEDGEMENT SLIP

This is to acknowledge the receipt of your application for change in Premium Payment Mode.

Policy Number: Date: D D M M Y Y Y Y

Documents received:

Valid Address Proof ☐ Specimen Signature Form ☐

Others: _____

Customer Service Executive Signature:

Date: D D M M Y Y Y Y

Branch Seal