

2 Years Extension / Cover Continuance Option



Policy number: _____

Date: _____

Details of proposer:

Name: _____

Contact number: _____

Email ID: _____

CKYC Number/KIN Number (if available): _____

Request to Opt for:

2 Year Extension

2 year extension option enables you to continue your policy and avoid its foreclosure. This feature enables your policy to remain active and provides you with the option to pay premium due for your policy within 2 years. For 2 years revival extension, premium must have been paid for minimum 4 years. Once you have opted for this option, your life cover ceases until policy is revived.

Applicable to specific products.

Cover Continuance Option

Cover continuance option enables you to avoid foreclosure and continue your life cover without paying further premiums. Your policy will remain active until maturity or as per foreclosure terms & conditions. All applicable charges continue to be deducted during PD-CCO.

Applicable to specific products.

Consent

- I/We 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.
- I/We hereby consent to receiving information from Central KYC Registry through SMS/email on the registered number/email address.
- I/We also agree that the KYC information provided by me/us for any servicing requests may be used by the Company to download/verify my/our KYC documents from CERSAI* CKYC portal.

*Central Registry of Securitization and Asset Reconstruction and security Interest of India

Signature of Proposer

Declaration

Applicable when the Proposer is illiterate or suffering from disability due to which writing is restricted or the proposer has signed in vernacular language.

I _____ (Full name of Witness), _____ (Relation with Proposer), of _____
_____, adult and inhabitant of _____ (Address)

_____ do hereby declare that I have read and explained the contents of this form to the Proposer and he/she/they has/have understood the same.

Signature of Proposer

Signature of Witness

Note: Must be witnessed by someone other than the advisor/agent/employee of the Company.

Acknowledgement Slip

This is to acknowledge the receipt of 2 Year Extension Cover Continuance Option

Policy number:

Date:

Received by: