

9M REQUEST FOR REINVESTMENT#



This form should not be used for switching of units in Unit Linked Insurance Policies (ULIPs). At the time of submitting the form please provide copy of Payor /Proposer self attested photo identity proof. Additional documents may be required for verification at the discretion of the branch.

Policy Number

Name of old proposer/ Assignee/Payor Mr./Ms./Mrs. First Name Surname

E-Mail ID

Contact Nos. STD Residence STD Office Address Ext. ISD Mobile

Photo Identity Proof: PAN: Address Proof: Nationality:

Barcode

TRANSFER OF FUNDS DETAILS: Reason for Transfer of Funds: (Please tick)

Top Up for another policy Renewal premium Issuance of another policy* Recurring Transfer of Fund**

* Reinvestment includes investment for issuance of a new policy from Pre-issuance refund provided that the sourcing agent is same for both the policies.
 ** By selecting this, you authorize the Company to automatically transfer any applicable survival benefits payable under the existing policy towards the renewal premiums under the new policy (once issued by the Company).

- I understand that in the scenario where the first policy's survival benefit to be transferred is not sufficient to fund the second policy's due premium, then the remaining amount is to be paid by the policyholder for the second policy to keep the second policy in-force.
- I also understand that issuance the second policy is subject to issuance of first policy and the Transfer of Fund request will be processed subject to processing and issuance of both the policies applied for.
- In the scenario where an excess amount remains in the first policy after transfer of the first policy's survival benefit to fund the second policy's due premium, that excess amount will be credited to policyholder's registered bank account.

In case of Refund Cheque Resubmitted, please provide the following details:

Cheque No Cheque Amount Bank Name & Branch

A. Application/ Policy No (From where the funds will be transferred)	B. Application/ Policy No. (To where the funds will be transferred)	Amount (Rs.)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

In case of any balance amount payable, we shall transfer the same to the application no. mentioned in column B. In case you want us to refund the balance amount, then please tick the below option:

Refund the balance amount payable

Request to transfer Rs. (Rupees only) from policy no. (Source Policy), where I am the policy holder, towards premium deposit for application no. for the life insurance application submitted by the proposer Mr./Ms./Dr. . Kindly note that the above mentioned proposer, Mr./Ms./Dr. is my/our (mention relationship). I am paying on behalf of Mr./Ms./Dr. due to the reason . I hereby declare that the information given by me above is true and correct. Request you to accept the remittance.

Kindly attach Standing instruction with bank account number and bank name of the source policy to application no.

PLEASE TICK IF YOU ARE:

NRI Into business of Import-Export, Mining, Shipping, Jewellery, Scrap Dealing, Building/estate Companies with close family shareholding & beneficial ownership

Trusts, charities, NGOs, Organization receiving donations, politics Housewife of spouse (who is into above business) Partnership firms with sleeping partners

I am aware that any benefits under the policy becomes payable strictly in accordance with the policy terms and conditions.

Income proof: Date:

(Signature of Payer)

DECLARATION (to be filled by Proposer)

I, , do hereby confirm that Mr./Ms./Dr. , is paying on my behalf for above application no / policy no. I further confirm that all the information given above is true or correct. I am aware that any payouts from the policy shall be made in the name of the policy owner only.

Name of Proposer:

Date:

(Signature of New Proposer)

Please note: • Please mention the correct Application/ Policy number, wherever applicable. • Sufficient funds should be available in the Policy from where the funds will be transferred. • Application/ Policy should be of the same customer or he/ she should be present in any of the roles. • Relationship of the proposer in the new application: Self Parent Spouse Child Grandchild

Authorization is mandatory if the relationship of the proposer in the new application is other than "Self"

I authorize Mr/Mrs , bearer of this letter to submit the request for reinvestment in a new application

Disclaimer: I hereby declare that I have read and understood the contents of this form. I have thereafter applied to the Company for carrying out the transaction indicated by me in the form of tick marks in the relevant boxes. I understand and agree that in carrying out the above transaction as applied by me, the Company shall be deemed to have carried it out entirely as per my instructions and shall incur no liability whatsoever in that regard. I also understand and agree that this transaction does not in any way mean that the Company has accepted the risk under the said Application or that the Policy stands issued by the Company.

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. Note: Must be witnessed by someone other than the advisor/agent/employee of the Company. I (Full name of Witness) (Relation with Proposer) 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 have understood the same.

(Signature of Witness)

FOR OFFICE USE ONLY: ER Request submitted by C S CR CS

Spaarc Call ID Scanning Cabinet Received By

I confirm that the relationship of the payor and the new policyholder is as per the acceptable list of Third Party Payment process note of the company.

Remarks Date:

STAMP & TIME

ACKNOWLEDGEMENT OF APPLICATION FOR REINVESTMENT#

Application / Policy No.

Name of Policy Holder

Branch Name Date:

#Reinvestment includes investment for issuance of a new policy from Pre-issuance refund provided that the sourcing agent is same for both the policies.

I understand that the payable survival benefit amount from my policy/application number (first policy) will be utilized to pay the due premium of my policy/application number (second policy) throughout the premium payment term of second policy.

In the scenario where the first policy's survival benefit to be transferred is not sufficient to fund the second policy's due premium, then the remaining amount is to be paid by the policyholder for the second policy to keep the second policy in-force.

Stamp