

FORM FOR PREMIUM REDIRECTION

Duna de Mana		Duran	-1- 01-		
Branch Name		Branc	ch Code		
Received by		l			
Received at Branch Date		Time			
PERSONAL DETAILS					
Policy No.					
Mobile No.	Tel No.				
Policy holder's name					
DECLARATIONS					
□ *I hereby request that my current fund holding under the above policy be invested in the proportion as mentioned below Fund Switch (FS):					
Fund Name					Percentage
Fund applicable should be as per product Literature.					
Subject to Terms and Condition of policy document					
General rules:					
All details are mandatory for processing.					
• Request received up to 3.00 p.m. by the company the closing NAV of the day on which such request was received shall be applicable.					
 Request received after 3.00 p.m. by the company the closing NAV of the next business day shall be applicable. Unit Linked Life Insurance Products are different from the traditional insurance products and are subject to the market risk. 					
Under this plan, the investment risk in the investment portfolio is borne by the policy holder.					
• For Top UP Income Proof to be submitted if the Top Up amount is equal to or greater than ₹1 Lakh.					
 If the Top Up premium increases the Sum Assured, then acceptance of such Top Premium is subject to Underwriting Approval. The allocation of Top would be considered after recovery of all unpaid premium and charges. 					
All rules and regulation of IRDAI are applicable.					
I confirm, I have understood the relevant policy provisions and applicable rules before making this application.					
Policy Owner Signature	Ι	Date		Place	