SBI Life INSURANCE
With Us, You're Sure

POLICY CORRECTION FORM

To,
The Manager - Operations,
SBI Life Insurance Co. Ltd.
_____
_____

Policy No: ☐☐☐☐☐☐☐☐☐☐☐ Customer ID: ☐☐☐☐☐☐☐☐☐☐

Name of the Policyholder: Mr./Mrs./Ms.

Kindly amend my policy details with the below changes.

1. Address (☐ Correspondence / ☐ Permanent – *please tick in the appropriate box*)

Correspondance		
		P I N -
Permanent		
		P I N -

Tel: (R) ☐☐☐☐☐-☐☐☐☐☐☐☐☐ Mobile No. ☐☐☐☐☐☐☐☐☐☐

(O) ☐☐☐☐☐- ☐☐☐☐☐☐☐☐ Email – id: _____@_____

*(Kindly attach any one of the self attested address proof *Ration Card *Electricity Bill*Telephone Bill*Bank A/c Statement*Valid Lease Agreement* Proof of existence of Employer* Letter from recognized Public Authority)*

2. Change / Correction in Name *(☐ Policy Holder / ☐Life Assured/ ☐Nominee/ ☐Appointee/ ☐Life Beneficiary)*

*(Kindly attach any one of the proof such as*Marriage certificate*Gazette copy attested by Gazetted Officer or SBI Life Official)*

3. Change in Mode (Kindly change my payment frequency to : *(Please tick as applicable)*

☐ *Yearly* ☐ *Half Yearly* ☐ *Quarterly* ☐ *Monthly*

Please furnish the latest payment details (if any)

Cheque / DD No	Cheque / DD Date	Amount (Rs.)

Change in mode allowed only after the completion of one policy year.

4. Correction in DOB (DD/MM/YYYY): *(☐ Policy Holder / ☐Life Assured/ ☐Nominee/ ☐Appointee/ ☐Life Beneficiary)*

☐☐-☐☐-☐☐☐☐ Instead of ☐☐-☐☐-☐☐☐☐

*(Kindly attach any one of the age proof such as *School Leaving Certificate* PAN card*Driving License*Passport etc attested by any Gazetted Officer or SBI Life Official)*

Date:
Place:

Policyholder's Signature :

Enclosures:- 1)
2)

SBI Life Insurance Co. Ltd.
H.O.- Central Processing Centre: Kapas Bhavan, Plot No:3A, Sec-10, CBD Belapur, Navi Mumbai-400614
Call us at 1800 222 123 *(Toll free)* ***OR*** **1800 22 9090**