

ULIP- FUND SWITCH & REDIRECTION FORM

Policy No.: _____

Name of the Life Assured: _____

Name of the Policy Holder (If different from Life Assured)

Date & Time;
Stamp

Branch Name:

Branch Official:

Sign with seal

*Mobile No/ Contact no. : _____ (mandatory)

I hereby request you to kindly effect the following Fund Switch in respect of My policy no. _____

Fund Switch

From		TO	
Fund Name	Percentage (%)	Fund Name	Percentage (%)
Total		Total	

*Total of percentage in TO column must be 100%.

I hereby request you to allocate the future premiums in the revised proportion as shown hereunder and I also understand that "Fund Redirection" will be applicable for the future premiums only.

Redirection

Name of Fund	Allocation Percentage
Total	100%

*Total of New Allocation % should be 100%

Guidelines for filling the form:-

- 1) The total of 'TO' column must be equal to 100%.
- 2) Switching charges would be levied as per the policy conditions.
- 3) Fund switch should always be in the permissible percentages only, subject to minimum switch amount as indicated in the table given below.
- 4) NAV Applicable for liquidation of Units in the fund and investment in the new fund will be as follows:
 - i. If request is received before 3.00 p.m. on a business day: Closing NAV of the day
 - ii. If request is received after 3.00 p.m. Closing NAV of the next business day.
- 5) A fund switch request form will be treated as Invalid :
 - i. If the signature of the policyholder on the request differs from the one as per our records.

OR

 - ii. If the request is not filled as per the conditions/guidelines.

The applicable NAV for fund switch will depend on the date & time of receipt of a fresh and valid request. Under no circumstances, the date of receipt of previous fund switch request shall be the date of reckoning for determining the NAV.

- 6) For products validation for "% from " mentioned as NO LIMIT means – Minimum 1 % and in multiples of 1.
- 7) For product code 39 & 41 switch from C fund To A fund or C fund to B fund is not permissible & in from column you will have to give total % instead of separate % for each fund available under A or B.

Declaration/ Authorization:

- I the Life Assured/ Policy Holder, hereby request SBI Life Insurance Co. Ltd. to make necessary changes in my Policy in accordance with the information furnished above. I hereby accept and agree to be bound by such changes.
- I agree and accept that the above request shall be treated as valid only on acceptance by SBI Life Insurance Co. Ltd.
- I understand and agree that the allocation of units, following this Fund switch request /Redirection shall be strictly as per the terms & conditions of the policy and the Standard operating procedure of SBI Life.

Signature of Witness: _____

Name of Witness: _____

Signature of the Policy holder: _____

Signature of the Assignee: _____
(In case of Assigned Policy)

Date & Place: _____

Declaration of English Knowing Person in Case the Proposed insured/ Policyholder is illiterate or signing in vernacular.

I hereby declare that I have explained the contents of this form to the Policy Holder in _____ language and that the Policy Holder has affixed his/her Signature / Thumb impression on the form in my presence, after fully understanding the contents thereof.

Signature of the person making the declaration _____

Name & Address: _____

SBI Life Insurance Co. Ltd,
Corporate Office: "Natraj", M.V Road & Western Express Highway Junction, Andheri (East), Mumbai-400069
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