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	Date: D D M M Y Y Y				
To, SBI Life Insurance Co. Ltd.	Affix Photograph				
Sir/Madam,					
Re: Change of Photograp	h for your records under the Policy No -				
I, Mr./Mrs./Ms	/Ms given above my New photograph attested by my Banker / Principal of education				
institute/ Gazette officer, for your records and counter sign b	y the policy holder.				
Specimen 1. Specimen 2.					
Specimen 3.					
Speciments.					
Signature of Life Assured	* Signature of the Authority				
	Name				
Declaration when the signature of the Life Assured is in	Stamp/Seal : aVernacular language or in case of thumb impression hereby declare that I have				
	Language, that the Policy Holder has affixed his/her Signature /				
Thumb impression on the form in my presence, after fully unc	lerstanding the contents thereof				
Signature of the person making the declaration					
Name & Address:					

* Please make sure that the signature of life assured is duly witnessed by the banker / gazzetted officer / any public notary

SBI Life Insurance Company Limited: Registered and Corporate Office: Natraj, M.V. Road & Western Express Highway Junction, Andheri (East), Mumbai - 400 069. Tel.: (022) 61910000. Central Processing Center: 7th Level (D-Wing) & 8th Level, Seawoods Grand Central, Tower 2, Plot No. R-1, Sector-40, Seawoods, Nerul Node, Navi Mumbai - 400 706. Tel.: (022) 66456000. IRDAI Registration No. 111 | CIN: L99999MH2000PLC129113. | Toll Free No. 1800 267 9090 (customer service timing: 24x7) | Visit: www.sbilife.co.in | E-mail: info@sbilife.co.in

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