

Renewal Premium /Top Up Premium Challan

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Sr . No.	Proposal / Policy No.	Name of the Policyholder	Type of Premium (Renewal /T op up)	Premium Amount	PAN Number (Mandatory if annualized premium > 49999)	Contact Number / Email ID
Total Premium						

Sr . No.	Cheque No.	Cheque Date	Bank & Branch	Cheque Amount

To be filled in case of Top Up premium payments (Tick the appropriate option)

I want the allocation of Top Up premium as per existing fund arrangement.

*I want the allocation of Top Up premium as per below given Fund Option.

Policy No:		Policy No:		Policy No:	
Fund Name	Percentage	Fund Name	Percentage	Fund Name	Percentage
Total	100%		100%		100%
Signature of the Policyholder*					
Signature of Person tendering the instrument/s					
Name of Person tendering the instruments					
Contact Number of the person tendering the instrument					

* Note: This form has to be signed by the policyholder, if the existing fund allocation for top up premiums is sought to be changed and a different fund allocation is opted here.

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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