

Renewal Premium /Top Up Premium Challan

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 fill	ed in case of op l (T	Jp premium payme	nts ick the appr	opriate 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:	Policy No:	
Fund Name	Percentage	Fund Name	Percentage	Fund Name	Percentage	
Total	100%		100%		100%	
Signature of the Po	licyholder*			·		
Signature of Persor instrument/s	n tendering the					
Name of Person ten	ndering the instrumer	nts				
Contact Number of instrument	the person tendering) the				

^{*} 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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