

REQUEST FOR CHANGE IN POLICY DETAILS

1. Please use separate form for each policy 2. Kindly fill all details in BLOCK letters 3. Any Corrections in the form need to be counter signed

To, _____ Date:

D	D	M	M	Y	Y	Y	Y
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 SBI Life Insurance Company Ltd.,
 Branch _____ Policy No: _____
 Name of the Life Assured: Mr. Mrs. Ms.

1. Change / Correction in Name: Policy Holder Life Assured Nominee Appointee Life Beneficiary Policyholder's Father's Name
 Old Name: _____
 New Name: _____

Reason for Change (In case of Surname / Complete name Change) _____
 • Change will be incorporated in all existing policies of the customer. For minor spelling corrections, supportings needs to be submitted
 • For married women with a change in surname, Marriage certificate or Declaration signed by two witnesses along with a copy of marriage invitation is required.
 • For all other requests involving significant change, a Gazette copy is required.

New
D.O.B.:

2. Correction in Date of Birth Policy Holder Life Assured Nominee Appointee Life Beneficiary
 (D.O.B.): _____
 Old D.O.B.:

D	D	M	M	Y	Y	Y	Y
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Reason for Change: _____
 Supportings attached: Birth Certificate School Certificate Passport PAN Driving Licence Others _____
 * Standard Age proof should be Self Attested and verified by Gazette Officer / SBI Life official (Assistant Manager or above)

In case Aadhaar card is provided as ID or Address proof
 I hereby give my voluntary consent to SBI Life Insurance Company Limited (SBI Life) and authorise the Company to obtain necessary details like Name, Address, Mobile Number, Email, Photograph through the QR code available on my Aadhaar card / XML File shared using the offline verification process of UIDAI. I understand and agree that this information will be exclusively used by SBI Life only for the KYC purpose and for all service aspects related to my policy/ies

3. Change in Premium Payment Frequency: Kindly change my payment frequency (Please tick the desired option)
 to: Yearly Half Yearly Quarterly Monthly
 Auto debit modes is mandatory for monthly frequency. Select one along with the corresponding mandate.
 ECS Direct Debit Standing Instructions – EFT (for State Bank Group Account holders only)
 For other alternate premium payment methods, please contact SBI Life Branch for details

4. Change in Premium: From ₹ _____ To ₹ _____
 5. Change in Sum Assured: From ₹ _____ To ₹ _____
 6. Change in Plan Option: From _____ To _____
 7. Change in Term / Vesting Age: From _____ Years to _____ Years
 8. Deletion of Rider: I would like to cancel the following riders: 1. _____ 2. _____
 9. Activation of Auto life cover: Yes No
 10. Update PAN: _____ (Self attested copy of the PAN Card is mandatory)

I have understood the meaning and scope of the change request form and take complete responsibility of the changes submitted by me. Any changes in the Policy / Personal details are subject to the policy terms and conditions and relevant underwriting guidelines.	Thumb impression / Signature of Policy Holder
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(If policyholder is illiterate or is signing in a language other than the language of this form, his/her thumb impression/signature must be attested by any Gazetted Officer, Notary, his/her Banker or SBI Life Official not below the rank of Assistant Manager with his/her official seal after explaining the content of this form.)

Name:	<input type="text"/>	Occupation:	<input type="text"/>
Address:	<input type="text"/>	Signature of person making the declaration	

(For Office Use Only. To be filled in by receiving Branch)

Branch Name:	<input type="text"/>	Inward No:	<input type="text"/>	Signature of Receiver
Receipt Date:	<input type="text"/>	Time:	<input type="text"/>	

Received by: _____ Employee ID: _____

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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