REQUEST FOR CHANGE IN CONTACT DETAILS



Instructions: 1. Request for Address change has to be submitted in person at any of the branches of SBI Life Insurance Co. Ltd. 2. Permanent Address must be of India and cannot be given as that of employer. SBI Life Insurance Company Ltd., Branch Policy No: Date: M Name of the Policy Holder: I request you to kindly note my new address and/or Phone number given below in your records. I further request you to kindly send all your communications to the address given below henceforth. **Both** Change in Address (Tick \(\overline{D} \) One) Permanent House & Bldg / Society Road / Sector & Landmark City/Village & Taluka State Pin Country Any one of the following documents will be accepted as Residence Proof and should be produced in original for verification by SBI Life Official along with one Photo Identity Proof and the form (Tick ☑) Passport Election ID Card Aadhar Card Utility Bills not older than 2 months Bank Passbook/ Account Statement with transactions till previous month Others (specify) Any one of the following documents will be accepted as Photo Identity Proof and should be produced in original for verification by SBI Life official along with the form (Tick ☑) ☐ Driving License ☐ Passport ☐ Pan Card ☐ Election ID Card ☐ Aadhar Card ☐ Armed forces ID Card ☐ Others (Specify) 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, DOB, 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 Change in Contact Number / Email ID Office Residence Mobile Email ID: Signature of Policy Holder Declaration to be given when the signature of the Policy holder is in a vernacular language or has affixed thumb impression: 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. Name: Signature of the Person Address: making the Declaration: Contact No.: Occupation: (For office use only; to be filled in by the Branch) Name: Designation: SBI Life Employee Code: Branch: D M Date: I, confirm that I have verified the above mentioned documents. Signature of SBIL official

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