

- 
- Apne liye. Apno ke liye.

To,

Date: D D M M Y Y Y Y

Customer ID: | | | | | | | |

LOAN ACCOUNT NUMBER: | | | | | | | | | | | | | | | | | | | | | |

I request you to kindly update my Contact details/Address details/PAN/GSTIN/Bank Account details as given below:

[illegible]

☐ Update Bank Account details: I request you to kindly record my below mentioned bank details in your records

[illegible]

☐ Self attested copy of Bank Passbook showing pre-printed bank account no., account holder name & IFS Code along with a copy of the recent transactions (not more than 1-month old)

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

(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.)

Address: _____ Signature of person making the _____

Signature of person making the
declaration

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

Signature of Receiver

Received by: _____ Employee ID: _____



Toll Free No.: 1800 279 9090 (Between 9.00 am to 9.00 pm)
Visit: www.sbilife.co.in • E-mail: info@sbilife.co.in

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

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

REQUEST FOR CHANGE IN POLICY DETAILS

To,

SBI Life Insurance Company Ltd., Branch _____

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

MASTER POLICY NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Customer ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FORM NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

LOAN ACCOUNT NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of the Loan Account holder ☐ Mr. ☐ Mrs. ☐ Ms.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1. Change / Correction in Name: ☐ Primary LAH* ☐ Secondary LAH* ☐ Nominee ☐ Appointee ☐ Life Beneficiary ☐ Policyholder's Father's Name

Old Details:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

New Details:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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. (*LAH - LOAN ACCOUNT HOLDER)

2. Correction in Date of Birth (D.O.B.): ☐ Primary LAH* ☐ Secondary LAH* ☐ Nominee ☐ Appointee ☐ Life Beneficiary

Old D.O.B.:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 New D.O.B.:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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) (*LAH - LOAN ACCOUNT HOLDER)

3. Change in Premium Payment Option: (Please tick the desired option)

Auto debit modes is mandatory for Bank paid cases. Select one along with the corresponding mandate and enclosed with this form for processing..

☐ Self Paid (Cheque/Draft) ☐ Bank Paid - EFT (Standing Instructions is for State Bank Group Account holders only)

4. Change in Loan Account No.: From

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 To

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

5. Change in Loan Amount: From ₹

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 To ₹

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

6. Change in Loan Category: From

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 To

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

7. Change in Loan/Cover Term (In months): From

--	--	--	--

 To

--	--	--	--

8. Change in moratorium period (In Years and months):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 (Bank Attested copy required)

9. Change in Bank Branch code: From

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 To

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

(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:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Occupation:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature of person making the
declaration

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

Branch Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Inward No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Receipt Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Time: _____ am/pm Outward No.: _____

Signature of Receiver

Received by: _____ Employee ID: _____



Acknowledgement Slip

Toll Free No.: 1800 279 9090 (Between 9.00 am to 9.00 pm)
Visit: www.sbilife.co.in • E-mail: info@sbilife.co.in

Received a request for _____ against LAN No.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

on

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 at _____ am/pm. Inward No.: _____

Employee's Name & Sign: _____

Branch Stamp / Seal