

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 CUSTOMER 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:

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

LOAN ACCOUNT HOLDER NAME:

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

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

Change/Update Contact details - Residence/Office/Mobile No./ Email ID:

Contact No: Residence:

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

 Office:

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

Mobile:

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

 Gender:

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

 Height (Kg) / Weight (Cms):

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

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

Email ID:

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

Change in Address details: (Self Attested copy required of Standard Address proof)

Address:

Update PAN No.:

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

 (*Self attested copy of the PAN Card is mandatory)

Update GSTIN No.

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

 (*Self attested copy of the GSTIN Certificate is mandatory)

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

Bank A/C No.:

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

IFSC Code:

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

 Type of A/c:

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

Bank Name:

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

Bank Branch Name:

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

I am providing the below document (any one is mandatory) as proof of my Bank Account (*Self attested copy is mandatory)

- Original cheque leaf along with pre-printed name and account number
- 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 declare that the Policy and Bank Account details provided by me herein are true and I authorize SBI Life to credit the proceeds of all amounts payable under any of my Policies to this Bank Account, at my sole risk. I understand that SBI Life reserves the right to reverse any payment made erroneously into my Account and to exercise a lien to recover such excess amount credited to my Account.

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.: _____

Received by: _____ Employee ID: _____

Signature of Receiver



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

We have received a request for Contact Details PAN Bank Account Details Goods & Service Tax Incorporation Number (GSTIN) against against LAN Number / Form Number / Customer ID: _____

Receipt Date:

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

 Time: _____ Inward No: _____

Employee's Name, Employee Code & Sign: _____

Branch Seal and Stamp

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.: _____

Branch Stamp / Seal

Employee's Name & Sign: _____