

## ALTERATION REQUEST – GROUP ANNUITY

To,  
The Manager – Group Operations,  
SBI Life Insurance Company Limited,  
CPC, 8 th Level, E Wing, Seawoods Grand Central,  
Tower - 2, Plot No. R-1, Sector 40, Seawoods, Nerul Node  
Navi Mumbai- 400706

Policy No:           Annuity Certificate No

Annuitant Name  Master Policy Holder Name

I  the annuitant holding the above mentioned annuity certificate request you to amend my member details with the below changes.

### 1. ADDRESS (Change / Correction\*)

Address1

Address2

City  Pin Code  State

Tel): (R)      -       Mobile No.

(S.T.D Code)

(Phone Number)

e-mail ID

**Note:- Proof of address should be enclosed- (\*Not required for correction in address)**

☐ Driving License ☐ Bank Passbook ☐ Passport ☐ Electricity Bill

(Utility bills more than 2 month old are not accepted as valid address proof)

### 2. Correction in Name : (☐ Annuitant/ ☐ Spouse ☐ Nominee)

Old Name :-  New Name:-

(Kindly attach supporting documents such as self attested Driving Licence / Passport, PAN Card, / copy of marriage certificate, / gazette copy for change or correction in name )

### 3. Change / Correction in Bank Account Details\* (Enclose Copy of Bank Pass Book / Cancelled Cheque with name printed on it)

Account No  Bank Name  Branch Name

IFSC Code

I hereby authorize SBI Life to credit the annuity payment directly to my above mentioned Bank account.

Date:

Place:

Annuitant Signature :

Witness

Signature of Witness

Name of Witness:.....

Address:.....

Date: -

Place:-