

ALTERATION REQUEST- GROUP SWADHAN

To,
The Manager - Operations,
SBI Life Insurance Company Limited.

Policy No:

Member ID:

Bank A/c No

Name of the Life Assured: Mr./Mrs./Ms.

Kindly amend my member details with the below changes.

1. ADDRESS

Address1:-

Address2:-

City - Pin Code -

State -

Tel: (R) - Mobile No.
(S.T.D Code) (Phone Number)

Note:- If change in address one of the following Proof of address should be enclosed- Not required for correction in address*

- ☐ Driving License ☐ Bank Passbook ☐ Passport ☐ Electric Bill ☐ Ration Card
☐ Valid Lease agreement & rent receipt not older than 3 months ☐ Letter from Public authority

2. Change / Correction in Name : (☐ Life Assured/ ☐ Nominee)

Old Name :- New Name:-

*(Kindly attach supporting documents such as copy of marriage certificate, gazette copy etc. for **change** in name)*

3. Correction in D.O.B. (DD/MM/YYYY) : (☐ Life Assured/ ☐ Nominee)

-- instead of --

(Kindly attach attested copy of age proof such as School Leaving Certificate, PAN Card, Driving License, Passport

Date: Life Assured's Signature :

Place:

BANKERS CERTIFICATION

Certified that the COI details and Account Number Details are Correct and matches with the details provided to the bank.

Branch Manager

Name:.....

Seal

Enclosures:-1)

Branch Seal