

## ULIP-FUND SWITCH & REDIRECTION FORM

**Guidelines for filling the form:**

- 1) Fund Switch charges would be levied as per the policy terms & conditions.
- 2) Fund switch can be done only if it is available under the chosen plan. Please refer the policy terms & conditions for the same.
- 3) The Company reserves the right to add new fund option or close any of the existing funds.
- 4) Switch request should always be in percentage. The minimum switch amount and allowed percentages of switch FROM and switch TO a fund are specified in the policy terms & conditions. Where the policy terms & conditions do not specify an allowed percentage, it shall be treated as:
  - 'In multiples of 1%' for switch FROM a fund and
  - 'In multiples of 10%' for switch TO a fund
- 5) NAV applicable for liquidation of units in the fund and investment in the new fund will be as follows:
  - If request is received before 3.00 p.m. on a business day: Closing NAV of the Day
  - If request is received after 3.00 p.m.: Closing NAV of the Next Business Day
- 6) For policies under products SBI Life - Horizon III Pension, SBI Life - Horizon III and SBI Life - Smart Horizon:
  - (i) Cannot SWITCH from Plan C to Plan A or Plan B and cannot switch between Plan A and Plan B
  - (ii) Cannot REDIRECT to Plan A, if Plan B is chosen at inception or vice versa. However, redirection is allowed from Plan A or Plan B to Plan C, and from Plan C to either Plan A or Plan B but not both
- 7) Redirection is not applicable in single premium plans or where all premiums are paid/ premium payment term is over.
- 8) Under portfolio transfer option:-
  - a) You can opt to change the selected fund option - Trigger Fund or Smart Funds, at any Policy Anniversary Date.
  - b) The portfolio transfer will be carried out if you have applied at least 2 months prior to the Policy Anniversary.
  - c) At any point of time, your fund (s) would be present in only one fund option.
  - d) No charges will be deducted for exercising this option.
  - e) Premium Redirection will also be processed simultaneously. All future premiums would be redirected to new fund option in proportion opted.

**FOR OFFICE USE ONLY**

Date : \_\_\_\_\_

Time : \_\_\_\_\_

Inward Stamp

Branch: \_\_\_\_\_

Branch Official Name: \_\_\_\_\_

Seal and Sign

Policy Number \_\_\_\_\_

Name of the Policyholder \_\_\_\_\_

Is Policy Assigned?(Mandatory)  Yes\*  No

\*If Yes, request should be signed by the Assignee

Mobile No./Contact No.(Mandatory) \_\_\_\_\_

**FUND SWITCH**

**PORTFOLIO TRANSFER**  
(applicable for SBI Life-Smart Power Insurance)

**REDIRECTION**

I hereby request you to kindly effect the following Fund Switch / Portfolio Transfer in respect of my Policy

SWITCH FROM		SWITCH TO	
Fund/ Plan/ Fund Option	Percentage (%)	Fund/ Plan/ Fund Option	Percentage (%)
Total		Total	100%

I hereby request you to allocate the future premiums in the revised proportion as shown hereunder and I also understand that Fund Redirection will be applicable for the future premium

Fund Name	Percentage (%)
Total	100%

Total of Percentage in 'TO' column must be 100%.

Total of Percentage in 'Percentage (%)' column must be 100%.

**Declaration/ Authorization:**

- I the Life Assured/ Policyholder, hereby request SBI Life Insurance Co. Ltd. to make necessary changes in my policy in accordance with the information furnished above. I hereby accept and agree to be bound by such changes.
- I agree and accept that the above request shall be treated as valid only on acceptance by SBI Life Insurance Co. Ltd.
- I understand and agree that the allocation of units, following this Fund Switch Request /Redirection shall be strictly as per the terms & conditions of the policy and the standard operating procedure of SBI Life.

Signature of Policyholder:

Signature of Assignee:

Place : \_\_\_\_\_ Date : \_\_\_\_\_

Place : \_\_\_\_\_ Date : \_\_\_\_\_

**DECLARATION FOR SIGNING IN VERNACULAR LANGUAGE / THUMB IMPRESSION** Certification by an English knowing person where Life Assured has signed in a vernacular language or has affixed thumb Impression I hereby declare that I have read out and explained the contents of this form to the Policy Holder in \_\_\_\_\_ Language and that I have truly and correctly recorded the information given by him/her and that he/she has affixed his/ her signature / thumb impression on this form in my presence, after fully understanding the contents thereof.

Name & Address: \_\_\_\_\_

Signature of the Person making the Declaration: \_\_\_\_\_

Place : \_\_\_\_\_ Date : \_\_\_\_\_

**BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS**

IRDA or its officials do not involve in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

Trade logo displayed above belongs to State Bank of India and is used by SBI Life under license. Registered and Corporate Office: SBI Life Insurance Company Limited, Natraj, M.V. Road & Western Express Highway Junction, Andheri (East), Mumbai-400 069 • **IRDAI Registration No. 111** • Website: www.sbilife.co.in Email: info@sbilife.co.in • Toll free no: 1800 267 9090 (Customer Service timing: 24x7) • CIN: L99999MH2000PLC129113