PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA
ALTERATION REQUEST FORM

SBI Life
Apne Liye. Apno Ke Liye.

To,
The PMJJBY Cell
SBI Life Insurance Company Limited
CPC Seawoods, Navi Mumbai

Policy No: ☐☐☐☐☐☐☐☐☐☐ **Member ID:** ☐☐☐☐☐☐☐

Bank A/c No ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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

Kindly change following details in your record against my membership

1. **Change in Contact details of the Insured Member :**

   Mobile No.:_____Email ID : _____
2. **Updation of Aadhar Card no. of the Insured Member (Non mandatory):** _____
3. **Updation of communication address:** _____

   _____

   _____
4. **Correction in Nominee details (Corrections only for nomination registered).**
   Name : _____

   Relationship with Insured : _____

   D.O.B (DD/MM/YYYY) : _____
5. **Change in Nomination : (when the earlier nominee is to be changed)**

Nominee Name	DOB	Relationship with Insured	Communication Address

* In case the NOMINEE is MINOR, "APPOINTEE DETAILS are also MANDATORY

Appointee Name if nominee is minor	Relationship with Nominee	Communication Address

Date :

Place:

Signature of the Insured Member

BANKERS CERTIFICATION :

The applicant is PMJJBY insured member and changes requested by him may be made in membership record. The signature of the member matches with the accountholders signature.

Branch Manager Name : _____

Signature and Bank Branch Seal

Place : .....

Branch:_____ **Contact Number**_____ **Email ID** _____

➢ **Request you to kindly forward the request to the given address** :
SBI Life Insurance Company Limited,
Central Processing Centre : 7 level (D- Wing), 8th Level Seawoods Grand Central, Tower 2, Plot No. R-1 | Sector 40, Seawoods, Nerul Node | Dist Thane, Navi Mumbai - 400 706 Website: www.sbilife.co.in.
Registered and Corporate Office: Natraj, M.V. Road & Western Express Highway Junction, Andheri (East), Mumbai- 400 069. Tel.: (022) 61910000.