

## Tata AIG Life Insurance Company Limited

### REQUEST FOR CHANGE FORM

Policy Number \_\_\_\_\_  
 Name of Policy owner \_\_\_\_\_  
 Name of Insured \_\_\_\_\_

**Part A (Please tick the appropriate box)**

Change Type	Details	Remarks
Change of Mailing Address	Address _____ _____ City _____ Pin _____ State _____ Mobile No. _____ Tel (Res. /Off.) _____ E-mail ID: _____	Address Proof
Change of Ownership	Name of New Policy owner _____ Relationship _____ Age _____ Address _____ _____ City _____ Pin _____ State _____ Mobile No. _____ Tel (Res. /Off.) _____ E-mail ID: _____	Signature of Original Policy owner _____ Signature of New Policy owner _____
Change of Contingent Policyholder	Name of New Contingent Policyholder _____ Relationship _____ Age _____ _____	Applicable only to Juvenile Policies
Correction of <input type="checkbox"/> Insured's Particulars <input type="checkbox"/> Policy owner's Particulars	Name _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth _____ (DD/MM/YYYY)	Age Proof
Change of Signature Insured Policy owner	New Signature _____ Reason for Change _____ Note: All policy transactions in future shall be processed on this basis of the authorization by the above signature.	Old Signature _____
Change of Premium Mode	<input type="checkbox"/> Annual (Once a year) <input type="checkbox"/> Semi-annual (twice a year) <input type="checkbox"/> Quarterly (four times a year) <input type="checkbox"/> Monthly* (twelve times a year) (*applicable only for payment through Credit Card (C.C), Standing Instructions (S.I), Direct Debit (D.D) & ECS) Premium loading of 1% for Semi annual/Quarterly modes & 0.5% for monthly mode will be applicable	<b>For C.C</b> 1. Debit Authorization Form 2. Copy of Credit Card (front) <b>For S.I</b> 1. Debit Authorization Form <b>For Direct Debit</b> 1. Direct Debit Form <b>For ECS</b> 1. ECS Form 2. Cancelled Cheque.
Non-forfeiture Options (available only after 3 premium paying years)	<input type="checkbox"/> Reduced Paid Up Insurance Cash Value <input type="checkbox"/> Automatic Premium Loan	<b>For Cash Value</b> 1. Surrender Request Form 2. Original Policy Document.

**Part B (Please tick appropriate box. Health Certificate is required except for reduction of face amount or deletion of rider(s))**

Change Type	Details	Remarks
Change of Basic Plan	Basic Plan Name: Original _____ New _____ Basic Sum Assured: Original _____ New _____	1. Health Certificate 2. New SIS* 3. Policy Document.
Change of Rider(s)	<input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change Rider Sum Assured Rider Name _____ Sum Assured _____  <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change Rider Sum Assured Rider Name _____ Sum Assured _____  <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change Rider Sum Assured Rider Name _____ Sum Assured _____	For Addition/Increase in SA of Rider 1. Health Certificate 2. New SIS*
Increase/ Decrease Sum Assured	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease  Old Sum Assured _____ New Sum Assured _____	For Increase in Sum Assured 1. Health Certificate 2. New SIS*
Change of Occupation	New Occupation _____ Since _DD/MM/YYYY_ Exact Nature of Daily Duties _____ Employer's Name and Address _____ _____ Phone No: _____	
Others		

\*SIS – Sales Illustration Sheet

Attachment(s):  Policy Document     Copy of Identity     D. Type & No. \_\_\_\_\_     Health Certificate  
 Others \_\_\_\_\_ Payment for the change \_\_\_\_\_

**Declaration & Authorization**

No request shall be deemed to be treated valid and effective unless received by Tata AIG Life Insurance Co. Ltd. (hereinafter referred to as “the Company”) during the lifetime of the Insured and is finally accepted by the Company. The receipt of this form by the agent does not constitute receipt/ acknowledgement by the Company. I/We hereby request that this policy be changed in accordance with the above particulars with the understanding and agreement that a copy of this request shall be attached to and forms a part of the said policy.

I/We understand that (i) the Company may be unable to process this application if I/we fail to provide any further information requested by the Company and (ii) I/we have the right to obtain access to and to request correction of any personal information held by the Company concerning me/us.

**Undertaking by Policy owner for Unit link policies only.**

I, \_\_\_\_\_, understand and undertake that the total premium paid till date (including the previously paid premium), shall be allocated and applied to the units, based on the NAV of either of the following: (a) the underwriting date + 1 working day or (b) date of receipt (in case of local cheque) / clearance (in case of outstation cheque) or (c) date of completion of all formalities, which ever is later.

I/We hereby request the policy particulars be changed in accordance with the above information and copy of this request shall be appended to and shall be treated as forming part of the original policy contract.

Signature of Insured

\_\_\_\_\_  
D D / M M / Y Y Y Y

Signature of policyholder/Assignee/Trustee (if other than insured)

\_\_\_\_\_  
D D / M M / Y Y Y Y

Signature of Witness

\_\_\_\_\_  
D D / M M / Y Y Y Y

PLACE: - \_\_\_\_\_

• **Policy owner / Assignee's Contact No. (Mandatory):** \_\_\_\_\_

# Insurance is the subject matter of the solicitation.

**Tata AIG Life Insurance Company Ltd**

Registered/ Corporate office: Delphi – B wing, 2<sup>nd</sup> Floor, Orchard Avenue, Hiranandani Business Park, Powai, Mumbai – 400076. Tel No: 66479000. For more information, call our 24 hour Toll Free Helpline at 1800 1199 66 (facility available to MTNL and BSNL users) or email us at [customercare@tata-aig.com](mailto:customercare@tata-aig.com)

L&C/Advt/2009/Nov/862