Policy Number:

BAJAJ LIFE
LIFE GOALS. DONE.

Policy Servicing Request Form

This is a system generated form and does not mean acknowledgement/ receipt for the service request. Customers are requested to obtain an acknowledgement on the submission of this form.

Bajaj Life Insurance Policy

INSTRUCTIONS FOR FILLING UP THE FORM:

1. This form is to be filled by the Policy Holder himself/herself in BLOCK LETTERS in **Blue Ink**
2. Please tick a box where appropriate
3. Form filling person must affix his/her signature for any cancellation/correction/alteration
4. Form filling person must affix his/her signature on each page / side of the form

DOCUMENTS REQUIRED

1. KYC documents of Policy Holder, Assignee & Declarant

Policy Related Details

Policy Number _____ Date _____

Life Assured's Name _____

Policy holder's Name _____

Contact No. _____ Alternate No _____. E-Mail: _____

PAN Number _____ Aadhaar No.: _____

In compliance of the provisions relating to deduction of tax at source under section 194 DA of Income Tax Act, 1961 as introduced by Finance Act, 2014, any payment (except payment exempted u/s 194DA) made by Bajaj Life Insurance Limited shall be subject to deduction of applicable TDS. In absence of PAN details, TDS would be deducted @ 20% instead of 1% in case where PAN is provided. TDS once deducted shall not be refunded Please update your PAN immediately. Kindly ignore if PAN details already provided. For further details, please consult your Income Tax advisor/consultant

Change of Contact Details of policy holder / Insured Person

Policy holder's Name: _____
Insured Person: _____ Address: _____

Old Details: _____ Door No.: _____ Building Name: _____

Plot No./ Street Name: _____ Landmark/Area: _____

Place: _____ City / District: _____

State: _____ Pin Code: _____ Phone: _____
Alternate No: _____ Email: _____

New Details

Door No: _____ Building Name _____

Plot No./ Street Name: _____ Landmark/Area _____ Place: _____
City/ District: _____ State: _____ Pin Code: _____

Phone: _____ Alternate No.: _____

Email _____

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Other Alterations

	Existing Details	New Details
Name correction		
Date of birth (DOB) correction		
Frequency change		
Change of Package		
Change in Payment Method		
Premium Increase / Decrease		

Addition/Deletion of Rider

Name of Rider for Addition/Deletion:_____Effective From_____ Note: Any addition of rider is subject to the company underwriting the risk and the company shall not be liable until such time it has underwritten the risk and issued intimation to the policy holder and any addition of rider for a traditional policy will be effective from next policy anniversary.

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Change in Sum Assured

I wish to increase/ Decrease Sum Assured from_____. to _____

Note: Increase in SA is subject to Policy Condition Increase of SA is subject to the company underwriting the risk. The company shall not be liable until such time it has underwritten the risk and issued intimation to the policy holder.

Change in Fund Apportionment (Allocation of Future Premiums)*

I wish allocate my future premiums as indicated	Name of the Fund	Percentage

Note:

- The allocation totals to 100%
- Fund Apportionment doesn't guarantees fund switching
- Please refer Fund SFIN No. below.

Thumb Impression/Signature
of the Policy Holder / Assignee

Fund Switch (Allocation of Existing Funds)*

I wish to switch the value of units credited to this policy as indicate below:

From Fund	To Fund	No. of Units	Amount (₹)

Note:

- This Fund Switching transaction would be applicable to the existing funds, and the future Premiums shall continue to be apportioned in the same proportion, as it exists today
- The selected fund is applicable for the particular product
- Switching charges would be levied as per policy condition
- Please refer Fund SFIN no. below

Top- Up

I hereby declare that the content and purport of this form have been fully explained to me by _____ (Name of person filling the form) in the language understood by me and I declare that whatever has been stated hereinabove has been recorded by _____ (Name of person filling the form12) as per information provided by me.

Place : _____

Date : _____

Thumb Impression/Signature
of the Policy Holder / Assignee

Declaration by person filling the form:

I have explained the contents of this form to the Life Assured in _____ language and I have correctly recorded the answers provided to me. I, further, declare that the Life Assured has signed/affixed his/her thumb impression in my presence.

Name: _____ Address: _____

Contact No.: _____ Place: _____ Date : _____

Declarant's Signature

(Declarant should sign in English Language only)

LIFE GOALS. DONE.

Witness details:

Name: _____

Place : _____ Date : _____

Address: _____

Signature of Witness

Experience a Virtual Branch at the comfort of your home. Login to www.bajajlifeinsurance.com for accessing Bajaj Life Insurance App, our customer portal to address all your policy servicing needs.

Assuring you of our best services for all your life goal needs.

Bajaj Life Insurance Limited (Formerly known as Bajaj Allianz Life Insurance Company Limited)
Regd. Office Address: Bajaj Insurance House, Airport Road, Yerawada, Pune – 411006, IRDAI Reg.No.: 116 | CIN: U66010PN2001PLC015959 | Mail us: customercare@bajajlife.com | Call on: Customer Care Number: 020 6712 1212 | Visit: www.bajajlifeinsurance.com | The Logo of Bajaj Life Insurance Limited is provided on the basis of license given by Bajaj Finserv Ltd. to use its "Bajaj" Logo.