

**Aditya Birla Sun Life Insurance Company Ltd.**

**ADITYA BIRLA  
CAPITAL**

PROTECTING INVESTING FINANCING ADVISING

## Name and Date of Birth Change Form

Any alterations/corrections made in the form need to be duly signed by the policy owner. Tick (✓) the relevant box. Kindly fill in BLOCK LETTERS ONLY

[illegible]

Email ID: \_\_\_\_\_

[illegible]

Kindly note, this email id will be used for registration of 'Go Green' and will lead to discontinuance of physical statements.

## Change/Correction in Name

☐ Policy Owner ☐ Life Insured ☐ Nominee ☐ Assignee ☐ Appointee

[illegible][illegible]Reason for change: ☐ Marriage ☐ Divorce ☐ Other \_\_\_\_\_

☐ Change/Correction in Date o Birth

☐ Policy Owner   ☐ Life Insured   ☐ Nominee   ☐ Assignee   ☐ Appointee

[illegible]

Reason for Change in DOB \_\_\_\_\_

Help us know you better! For which financial goal did you choose your life insurance Policy?

## For Your Family & You

- ☐ Childs Education
- ☐ Childs Marriage
- ☐ Family Protection & Risk
- ☐ Protection against Health
- ☐ Cover Outstanding Loans

## For Efficient Financial Planning

- ☐ Saving
- ☐ Wealth Creation
- ☐ Tax planning
- ☐ Business Continuity

## For Your Aspirations

- ☐ Wealth Creation
- ☐ Retirement Planning
- ☐ Legacy Planning

### Bank Account Details (All fields are mandatory)

Bank Account Number:

IFSC Code:

Bank Account Holder's Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_

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

**Note:** Aditya Birla Sun Life Insurance (ABSLI) will not be responsible in case of non credit to your account or if transaction is delayed or not effected at all for reasons of incomplete/incorrect information provided or rejected by your bank. In case of requisite information for direct credit is not received or transaction rejected by bank the payout will be made vide cheque.

## FATCA Questionnaire

1. Are you holding citizenship of any other country? Yes ☐ No ☐ If yes, please provide country name/s: \_\_\_\_\_

2. Are you a tax resident of any other country? Yes ☐ No ☐ If yes, please provide unique Tax Identification Number/s: \_\_\_\_\_

**Note:** If the response to any of the above questions is yes, please submit a detailed NRI questionnaire available with our branch office.

**Acknowledgement slip**

Received a request for \_\_\_\_\_ against Policy number:

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|

Policy Owner : \_\_\_\_\_ Reference No.: \_\_\_\_\_ Date: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Branch: \_\_\_\_\_ Received By: \_\_\_\_\_

Stamp/Seal of the branch

## Declaration

I hereby understand that change in Date of Birth of Life Insured will require fresh underwriting even medical tests, if any. I also understand it could lead to change in terms and conditions of the policy, including a change in Sum Assured and or premium amounts or even cancellation of policy from inception.

I hereby agree and confirm that the above details provided by me are true and correct. I request you to update above information in your records. I hereby provide my consent to receive call from Aditya Birla Sun Life Insurance Company Limited (ABSLI) or its authorized Service Providers in connection with any matter related to my above Policy.

I hereby consent to Aditya Birla Sun Life Insurance to send policy related communication on my Whats App Account

I hereby agree to have the given bank details to be linked to all my policies owned by me for any company initiated payments in future.

Signature of the Policy Owner / Assignee

Date: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Please collect stamped, signed and duly filled acknowledgement slip, which you can refer to for all your communication in regard to this request.

## Mandatory Requirements

- Original Cancelled Cheque with pre printed name & account number should be submitted
- In case of non-availability of pre-printed cancelled cheque pass book copy / Bank Statement bearing pre printed name, residence address & account number should be submitted along with originals for verification
- If the cancelled cheque carries pre-printed name and account number, but has "New Account" printed on it, kindly submit an attested copy of the passbook/bank statement bearing pre-printed name and account number. Please carry original passbook/bank statement to the branch for verification purposes
- Valid address KYC and id proof originals should be carried to the branch for verification
- All documents submitted should be self-attested by Policy Owner along with attested by ABSLI Authorized branch personnel.

**Note:** • Direct Transfers are not applicable for NRE accounts. • The bank account details will be linked to all your policies under your client id

## Proof Submitted

- ☐ PAN Card (Mandatory)
- ☐ Passport
- ☐ Voter's Identity Card issued by Election Commission of India
- ☐ Driving License
- ☐ Job card issued by NREGA (The Mahatma Gandhi National Rural Employee Guarantee Act 2005) duly signed by an officer of the State Government
- ☐ Letter issued by the Unique Identification Authority of India containing details of name, address and Aadhar number/ Aadhar Card

## Change in Date Of Birth Guidelines

1. Date of Birth change is allowed only once in a policy lifetime in active policy only.
2. Any Date of Birth Correction shall be subject to underwriting guidelines of ABSLI and the age eligibility criteria, if any, of the concerned insurance product.
3. Change in Date of Birth may lead to change in premium.
4. In case of request from the Policy Owner for change in Date of Birth, the fluctuation in ULIP policies (change in NAV) would be borne by the Policy Owner.
5. The increase in premium due to change in Date of Birth, if any, has to be paid by the Policy Owner. The difference due to decrease in premium on change in Date of Birth, if any, Shall be refunded to the Policy Owner post deduction of applicable charges.
6. The taxes on the above would be applicable at the prevailing tax rates.
7. The above changes would be applicable to all other policies held by the Policy Owner in ABSLI

Aditya Birla Sun Life Insurance Company Limited  
(Formerly known as Birla Sun Life Insurance Company Limited)  
Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1,  
16<sup>th</sup> Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg,  
Elphinstone Road, Mumbai - 400013  
+91 22 6723 9100 | CIN: U99999MH2000PLC128110  
www.adityabirlasunlifeinsurance.com

**Life Insurance**

Aditya Birla Sun Life Insurance Company Ltd.



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1800-270-7000