IndiaFirstLife

TOP UP FORM

Policy No: | | | | | | | | | | | Date : D D M M Y Y Y Y

Policy Holder Name: Mr ☐ Miss ☐ Mrs ☐ FIRST MIDDLE LAST

Mobile No: | | | | | | | | | | Resident No: | | | | | | | | | | Office No: | | | | | | | | | |

Email Id : | | | | | | | | | | | | | | | | | | | | | | | | |

Contact details mentioned above will be updated in our records for further communication

TOP UP REQUEST

Top Up is an additonal investment over and above your renewal premium that you can make in the your prefered funds.

I would like to pay an additional top-up amount of Rs. _____ (Rupees_____) (Amount in words) through Cash/ Cheque /Transfer/ Demand draft No._____ dated _____ drawn on _____ Bank to be invested.

Instruction:

- The allocation percentage, if specified above is applicable only for top-up premium and not regular premium.
- Funds are product specific. The minimum Top up amount is Rs. 5000 for IndiaFirst Education Plan & IndiaFirst Savings Plan and Rs. 2000 for IndiaFirst Future Plan. For further details kindly refer to the terms and conditions of the policy document.
- If the top-up amount premium exceeds Rs. 10,000 please submit an address proof and identity proof.
- If the amount of top up is equal to or more than Rs. 1,00,000/- then the Income Proof reflecting the source of funds for the top-up amount is required.
- If the top up amount plus the aggregate regular premium payable in the financial year is greater than or equal to Rs. 50,000 please submit PAN card copy.
- Top up premiums will be accepted only when the regular premiums due are paid up to date. If the renewal premium of the policy is due and unpaid, the amount paid will be first adjusted towards the same. The balance, if any can be used towards top up.
- Top up requests cannot be processed in case the policy is lapsed/surrendered/paid up.
- If a top up request application is received up to 3:00 p.m. IST on a weekday (Monday-Friday), the same day's unit value will be applicable. However, if received after 3:00 p.m. IST on weekday, the next working day's unit value will be applicable (when the applicable day is not a valuation day, NAV of next immediate valuation day will be considered)
- Requests received after Friday 3 p.m. to Sunday will be allocated the NAV of the following Monday/following working day.
- Kindly consult your Tax consultant on the implication of Section 10 (10D) and section 80C of the Income Tax Act, 1961 on this transaction.

DECLARATION BY POLICYHOLDER

X _____ Signature/Thumb Impression of Policyholder

_____ Place

D D M M Y Y Y Y Date

VERNACULAR DECLARATION (to be filled if the policyholder is illiterate/signed in a Vernacular language) :

I do hereby state that I have read out and explained the contents of the form to the policyholder in _____ language and he/she have understood the same. I declare that whatever I have stated herein above is true and correct to the best of my knowledge and belief. The policyholder has signed /affixed the thumb impression after fully understanding the contents thereof.

Name of the Declarant : _____ Signature: X_____Relation with the Policyholder _____

Address of the Declarant : _____ Contact No.: _____

I hereby certify that the contents of the form have been clearly explained to me and I have fully understood them. I further certify that the answers recorded in the form are as per the information provided by me.

X _____ Signature/Thumb impression

FOR OFFICIAL PUPOSE

X _____ Name & Signature of Branch Official with stamp

_____ Place

D D M M Y Y Y Y Request Date

_____ Request Time

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