IndiaFirst LIFE INSURANCE

A Joint Venture of Bank of Baroda, Legal & General, Andhra Bank

Change Request 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

☐ Change In Communication Address :

Address :

City / Village State Pincode

Please note: Supporting address proof such as Passport copy, Electricity Bill, Ration Card, Driving Licence, Bank Statement needs to be submitted along with the request. (Any one)

☐ Change in Date of Birth:

☐ Policy Holder ☐ Life Assured ☐ Nominee ☐ Appointee Date of Birth : D D M M Y Y Y Y

Please note: Supporting Age proof such as Passport Copy, Birth Certificate, Driving Licence, School Certificate need to be submited along with the request. (Any one)

☐ Change/Correction in Name:

☐ Policy Holder ☐ Life Assured ☐ Nominee ☐ Appointee

Mr/Mrs/Miss First Name Middle Name Last Name

Please note: Supporting Age proof such as Marriage Certificate, Gazzette Copy in case of change in name and PAN Card, Passport Copy, Driving Licencse, etc for minor correction. (Any one)

☐ Change in Premium Frequency:

From : ☐ Yearly ☐ Half yearly ☐ Monthly To : ☐ Yearly ☐ Half yearly ☐ Monthly

Please note: Change in premium frequency mode is allowed at the time of policy / billing anniversary and the same shall be effective from next premium due date. For changing to monthly mode, ECS/DD Mandate and 3 months advance payment is mandatory.

Declaration by Policyholder

Signature/Thumb Impression of Policyholder | Place | Date (D D M M Y Y Y Y)

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

I, hereby that I have explained the contents of this form to the policyholder in _____ language, that the policyholder has signed/affixed thumb impression in my presence, after fully understanding the contents thereof.

Name & Signature of Branch Official with stamp | Name and Signature of Witness | Place (D D M M Y Y Y Y)

For Official Purpose:

Name & Signature of Branch Official with stamp | Place | Request Date (D D M M Y Y Y Y) | Request time

Servicing Forms/Change Request Form/Eng/V3/Oct'15

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