

Request For Change Form

Date / / Policy Number PAN of Policyholder Insured Name Policyholder/Assignee Name

Photograph of
New Policyholder
in case of
change of ownership

Part A: Please tick the appropriate change type and provide necessary details

Change Type	Details	Remarks
<input type="checkbox"/> Change in mailing address/ email ID/ contact details	E-mail ID _____ Address Proof Submitted* _____ Mobile No - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Landline No - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<ul style="list-style-type: none"> Must be a local address in India To be mandatorily filled in case of Ownership change *Address proof Valid : Driving license, Passport, Aadhar card, Electric bill
<input type="checkbox"/> Change of Ownership	Name of New Policyholder _____ Relationship with Insured _____ Age _____ (in Years) <input type="checkbox"/> ID Proof of New Policyholder _____ <input type="checkbox"/> Address Proof of New Policyholder* _____ <input type="checkbox"/> Photograph of New Policyholder <input type="checkbox"/> NEFT form of New Policyholder	<ul style="list-style-type: none"> For Death of Original Owner For Minor Insured becoming Major Not to be filled for Assignment of Policy. Please fill separate Assignment form For change in ownership - Please provide ID proof, address proof of new policyholder along with photograph Cancelled cheque for NEFT For Signature - Please provide old as well as new signature and reason for change of signature
<input type="checkbox"/> Change of signature (Reason)	_____ _____ Existing Signature/Old Policyholder signature New Signature/ New Policyholder signature	Note: All policy transactions in future shall be processed on the basis of authorization by the revised signature
<input type="checkbox"/> Change of Premium Mode	(*applicable for payment through Credit Card(C.C), Standing Instructions(S.I), Direct Debit(D.D) & NACH) <input type="checkbox"/> Annual(Once in 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)*	<ul style="list-style-type: none"> For Credit Card : CC Debit Authorization Form & Self attested Copy of CC (front side) For SI through below banks : HSBC - SI Form pre-attested by HSBC Bank, SBI - SI Form & Original For ECS/Direct Debit : ECS & DD Form & Original Personalized Cancelled Cheque For NACH : NACH Form & Original Personalized Cancelled Cheque
<input type="checkbox"/> Correction of Insured/ Policyholder's particulars	(Please select an option from below and provide details) <input type="checkbox"/> Insured <input type="checkbox"/> Policyholder <input type="checkbox"/> Name <input type="checkbox"/> Gender <input type="checkbox"/> Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Old details _____ New details _____	<ul style="list-style-type: none"> For Name change - Attach gazette copy for Name change For Date of Birth change - Attach age proof
<input type="checkbox"/> Change/Addition of Contingent Policyholder	(Applicable only to Juvenile Policies) Name of New Contingent Policyholder _____ Relationship with Insured _____ Age _____ (in years)	
<input type="checkbox"/> Reduced Paid Up Value	(Available only after 3 premiums have been paid)	
<input type="checkbox"/> Automatic Premium Loan/Advance against Cash Value	(Available only after 3 premiums have been paid)	

☐ Residence for Tax Purposes in jurisdiction(s) outside India (To be filled in case of change in tax residency status)
☐ Yes ☐ No If Yes, Please mandatorily fill the NRI/OCI/PIO/ FN Questionnaire/ FATCA and CRS-Self Certification form

☐ Are you a Politically exposed person

☐ Yes ☐ No If Yes, Please provide details _____

☐ Change of occupation : New Occupation: _____
Since

D	D	/	M	M	/	Y	Y	Y	Y
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Exact Nature of Daily Duties: _____

Employer's Name and Address: _____

Employer's phone No: _____

☐ Others _____

Part B: Please tick the appropriate change type and provide necessary details.

Please provide 1. Health Certificate 2. New Sales illustration sheet 3. New Modal Premium

☐ Change of basic plan (Please submit original Policy document (Original Copy) in addition)

Basic Plan Name (Original) ₹ _____ (New) ₹ _____

Basic Sum Assured (Original) ₹ _____ (New) ₹ _____

☐ Increase in Sum Assured

☐ Decrease in Sum Assured (Health Certificate is not required)

Old Sum Assured ₹ _____ New Sum Assured ₹ _____

☐ Addition of Rider

☐ Deletion of Rider (Health Certificate is not required)

☐ Change in Rider Sum assured

Rider Name _____ Sum Assured ₹ _____

Rider Name _____ Sum Assured ₹ _____

Rider Name _____ Sum Assured ₹ _____

Declaration & Authorization

No request shall be deemed to be treated valid and effective unless received by Tata AIA Life Insurance Co. Ltd. (hereinafter referred to as "the Company") during the life time 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 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 Policyholder (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, whichever is later.

Signature of Insured

Signature of Policyholder/ Assignee/
Trustee (if other than Insured)

Signature of Witness/ Assignee/
Trustee (if other than Insured)

Date:

*Insured sign required only if Owner and Insured different. Applicable only for Part B/Part A – Insured Particular's change

Declaration in case the policyholder is illiterate or signing in vernacular:

NOTE: The declarant has to be 21 years old or above and should be a person, other than the beneficiary of this policy.

I _____ (name) with _____ (identity card type) _____ (identity number) hereby

declare that I have explained the contents of the Request for Change Form to the Policyholder in _____ language and that the Policyholder has

signed / affixed his/her thumb impression on the Request for Change Form after fully understanding the contents thereof.

Signature of the Declarant

Signature of the Witness

Tata AIA Life Insurance Company Ltd. (IRDA of India Regn. No.110)
(CIN - U66010MH2000PLC128403)
Registered & Corporate Office: 14th Floor, Tower A, Peninsula Business Park, Senapati
Bapat Marg, Lower Parel, Mumbai 400013
For more Information, contact your advisor or call on our Helpline No **1-860-266-9966**
(local charges apply) or SMS "Service" to **58888** or e-mail us at
Customercare@tataaia.com or visit our website **www.tataaia.com**

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