Tata AIA Life Insurance Company Limited Request For Change Form Policy Number ___ Name of Policyowner ___ Name of Insured *PAN No of Owner Part A (Please tick the appropriate box) Details Remarks Change Type _____ Add2 _____ Add 1 ___ Landmark __ Change of Mailing Address Must be a local address in India To be filled in case of Ownership ____ State __ Address Proof provided change Mobi No _____Landline No ____ (Attach address proof:- Bank statement/ Passport / Driving License / Utility Bills (utility bills not more than E-mail ID 6 months old) Change of Ownership For Death of Original Owner Name of New Policyowner For Minor Insured becoming Major Relationship with Insured (in Years) Age ___ 1. RFC not to be filled for: - Transfer of Ownership rights (Assignment of Policy) - Please fill separate Assignment Pls. fill address details of new owner in above 'Change 2. Attach ID and Address proof of the of Mailing Address' section new owner (Mandatory) Signature of Original Policyowner Signature of New Policyowner Addition/Change of Contingent Name of New Contingent Policyholder ____ Policyholder Relationship with Insured Age Applicable only to Juvenile Policies Name Correction of Attach gazette copy for Name change Attach age proof (Birth Certificate/School Male Insured's Particulars Certificate/Passport etc.) for DOB Policyowners's Particulars Date of Birth (DD / MM / YYYY) Change of Signature Reason for Change ___ Insured Policyowner Old Signature Note: All policy transactions in future shall be processed on the basis of the authorization by the above New Signature 1. Debit Authorization Form 2. Copy of Credit Card (front side) Annual (once a year) Semi-annual (twice a year) 1 .HSBC - Direct Debit Authorization Quarterly (four times a year) Monthly* (twelve times a year) Form preattested by HSBC bank **Change of Premium Mode** 2. SBI - Direct Debit Authorization Form & Cancelled cheque (*applicable only for payment through Credit Card (C.C), Standing Instructions (S.I.), Direct Debit (D.D.) & For ECS/Direct Debit 1. ECS Form 2. Cancelled Cheque Reduced Paid Up Reduced Paid Up Available only after 3 premiums has been paid APL/ Advance against Cash Value Reduced Paid Up Change in NFO Option Others PTO Page 1 of 2

Part B (Please tick appropriate box. Health Certificate is required except for reduction of face amount or deletion of rider(s))		
Change Type	Details	Remarks
Change of Basic Plan	Basic Plan Name: (Original)	For Change in Plan & SA
	(New)	Health Certificate New Sales Illustration Sheet
		Policy Document (Original Policy) New Modal Premium
	(New)	
		For Addition/Increase in Sum
Change of Rider (s)	Addition Deletion Change Rider Sum Assured Rider Name Sum Assured	Health Certificate
		New Sales Illustration Sheet New Modal Premium
	Addition Deletion Change Rider Sum Assured	
	Rider NameSum Assured	
	Addition Deletion Change Rider Sum Assured	
	Rider NameSum Assured	
Increase / Decrease in Sum Assured	Increase Decrease	For Increase in Sum Assured
	Old sum assured New Sum Assured	Health Certificate New Sales Illustration Sheet New Modal Premium / Back Premium
Change of Occupation	New OccupationSince _D D /M M /Y Y Y Y _	
	Exact Nature of Daily Duties	
	Employer's Name and Address	
	Employer's Phone No:	
Are you a Politically Exposed Person	Yes No	If "Yes" please provide details
Declaration & Authorization		
Insured and is finally accepted by the Council The receipt of this form by the agent doe I/We understand that (i) the Company mobtain access to and to request corrections.	es not constitute receipt / acknowledgement by the Company. nay be unable to process this application if I/we fail to provide any further information requested by the Com on of any personal information held by the Company concerning me/us.	
Undertaking by Policyowner for Unit I,	• •	e total premium paid till date (including
(a) the underwriting date + 1 working da	jue) / clearance (in case of outstation cheque) or	
Signature of Insured	Signature of Policyowner/ Assignee/ Signature	re of Witness/ Assignee/
Date	Trustee (if other than Insured) Trustee Date: Dat	e (if other than Insured) te:
DECLARATION IN CASE THE PROPO	SED INSURED / APPLICANT IS ILLITERATE OR SIGNING IN VERNACULAR:	
	(name) with(identify type) lained the contents of the Request for Change Form to the Policy Insured / Applicant in	(identity language and that the Policy
	his/her thump impression on the Request for Change Form after fully understanding the contents thereof.	anguage and that the Folloy
Signature of the witness Signature/ Thumb impression of Insured/Owner NOTE:		
	bove and should be a person,other than the beneficiary of this policy.	
Tata AIA Life Insurance Company Ltd. (IRDA 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's 1-800-267-9966 (fold free) or at 1-860-266-9966 (local charges apply) or SMS "Service" to 58888 or e-mail us at		

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