

# Life Insurance

Aditya Birla Sun Life Insurance Company Limited  
(A subsidiary of Aditya Birla Capital Ltd.)



# ADITYA BIRLA CAPITAL

PROTECTING INVESTING FINANCING ADVISING

## CHANGE REQUEST FORM

Kindly state the Policy number of the Life Insured/Policy Owner in which changes are required.

Policy Number:  (one change request per policy number is required to be filled)

### DETAILS OF EXISTING BENEFICIARY AS PER ABSLI RECORDS

Name of Beneficiary: \_\_\_\_\_

Name of his/her Father: \_\_\_\_\_

Name of his/her Spouse: \_\_\_\_\_

Date of Birth:  Marital Status: Single  Married  Divorced  Widowed

Residential Status: Indian  Non Resident Indian (NRI\*)  Foreign National of Indian Origin (FNIO\*)

\*Country of Residence: \_\_\_\_\_ \*Nationality: \_\_\_\_\_

Correspondence Address (India): \_\_\_\_\_

City (Taluka): \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Contact No.: \_\_\_\_\_ E-mail ID: \_\_\_\_\_

### CHOOSE THE RELEVANT OPTIONS (AS APPLICABLE)

a. Change of Payment Option from Staggered to Lumpsum   
(applicable to beneficiary/Nominee post attaining majority - if claim benefit was chosen as staggered initially)

b. Change of Payment option from Monthly to Annual   
(applicable to beneficiary Nominee post attaining majority - under Monthly income plan)

c. Change of beneficiary   
(applicable on death of existing beneficiary for staggered income benefits/annuity payments)

Name of Beneficiary: \_\_\_\_\_

Name of his/her Father: \_\_\_\_\_

Name of his/her Spouse: \_\_\_\_\_

Date of Birth:  Marital Status: Single  Married  Divorced  Widowed

Residential Status: Indian  Non Resident Indian (NRI\*)  Foreign National of Indian Origin (FNIO\*)

\*Country of Residence: \_\_\_\_\_ \*Nationality: \_\_\_\_\_

Correspondence Address (India): \_\_\_\_\_

City (Taluka): \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Contact No.: \_\_\_\_\_ E-mail ID: \_\_\_\_\_

KYC Document (photo identification): Driving License  Voter ID  Passport  Pan Card

Others: \_\_\_\_\_ Photo id proof number: \_\_\_\_\_

### Documents to be submitted - Please carry originals & self-attested photocopy of all the documents

a) Death Certificate of deceased beneficiary

b) Photo ID of New Beneficiary

c) KYC with relationship proof

d) Application to dispense with legal evidence of title

e) NOC from class I legal heirs of deceased

f) Bank Details

**CHANGE BANK DETAILS**

State reason for change of bank details: \_\_\_\_\_

Please provide bank details for direct transfer into your account

Bank Name:	
Account Number:	
Accountholder Name:	
Account type:	Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO* <input type="checkbox"/> HUF <input type="checkbox"/>
Bank Address (Refer cheque book or contact your bank)	
IFSC Code (Refer cheque book or contact your bank)	
MICR Code (Refer cheque book or contact your bank)	

Note: In case of NEFT failure or any further requirement pending on the mandate, payout will be kept on hold till the fresh NEFT mandate is received. An intimation will be sent to you.

**Documents to be submitted - Please carry originals & self-attested photocopy of all the documents**

- New bank passbook / original cancelled cheque
- Copy of earlier bank account
- KYC with relationship proof

**Declaration:**

I/We hereby agree and confirm that the above details provided by me are true and correct. I request you to update the above information in your records  
I/We hereby voluntarily provide my/our consent for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our own Aadhaar number(s) in accordance with the Aadhaar Act, 2016 as amended from time to time (and regulations made thereunder) and PMLA and disclosure of the Aadhaar number for the purpose of updating the same in my/our policies with my/our PAN.

I/We hereby give my consent & authorise ABSLI to communicate with me/us through digital platforms.

(SMS, Email, WhatsApp Audio/Video verification).

Date:         Place: \_\_\_\_\_

Revenue Stamp

Name of new beneficiary: \_\_\_\_\_ Signature of new beneficiary: \_\_\_\_\_

**Vernacular Declaration:**

Declaration to be made by Third Person (preferably family member/friend) where the claimant signs in vernacular or affix a thumb impression or has not filled the form:

I hereby certify that the contents of this form were explained to the claimant in \_\_\_\_\_ language and have truthfully recorded the answers provided to me. The claimant has affixed his/her impression (as above) in my presence.

Date:

Mobile number:           Email ID: \_\_\_\_\_

Place: \_\_\_\_\_ Declarant's Name & Signature: \_\_\_\_\_

**Witness:**

(Witness, if not related to the beneficiary, should be an  Advocate  Bank Manager  Doctor  Gazetted Officer  Principal/Head Master of a High School  Head Post Master  Village Sarpanch/Pradhan) (tick whichever applicable)

Witness Name: \_\_\_\_\_

Relationship with the beneficiary \_\_\_\_\_ Signature: \_\_\_\_\_

Contact No.: \_\_\_\_\_ E-mail id: \_\_\_\_\_

Aditya Birla Sun Life Insurance Company Limited  
(A subsidiary of Aditya Birla Capital Ltd.)  
G Corp Tech Park, 5th & 6th Floor, Khasar Wadavali, Ghodbunder Road,  
Thane - 400 601 | +91 22 3996 1000  
Regd Office: One Indiabulls Centre, Tower 1, 16th Floor, Jupiter Mill  
Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013  
+91 22 6723 9100 | Regn. No.: 109 | CIN: U99999MH2000PLC128110  
FOR/6/20-21/486 | www.adityabirlasunlifeinsurance.com

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