## Life Insurance

Aditya Birla Sun Life Insurance Company Ltd.



**GVPP SWITCH OVER FORM** 

Group Policy Number		
Name of Group Policyholder		
Name of the Member		
Employee NO. Member ID		
Risk Profile Switch for MarketCycle Option (Select the new Risk Profile-Any one)		
Aggressive Moderate Conservative Assure		
Switch of Funds		
Name of the New Investment Fund Option (s)	Segregated Fund Identification Number (SFIN)	Percentage
Group Bond Fund	ULGF00530/05/03BSLIGRBOND109	%
Group Fixed Interest Fund	ULGF00416/07/02BSLIGFIXINT109	%
Group Gilt Fund	ULGF00630/05/03BSLIGRGILT109	%
Group Growth Fund	ULGF00112/06/01BSLIGGROWTH109	%
Group Growth Advantage Fund	ULGF01026/11/07BSLIGGRADV109	%
Group Money Market Fund	ULGF00824/08/04BSLIGRMMKT109	%
Group Secure Fund	ULGF00212/06/01BSLIGSECURE109	%
Group Short Term Debt Fund	ULGF01322/09/08BSLIGSHTDBT109	%
Group Stable Fund	ULGF00312/06/01BSLIGSTABLE109	%
MarketCycle Option		
Total		100%
Would you like the above allocation to be applicable for your f	— — —	
Kindly note incase the details are not provided the future contributions would be allocated as per the last contribution received.		
Please read all the following instructions before signing the form		
This service request form will not be effective until it is accepted by Aditya Birla Sun Life Insurance Company Limited (ABSLI)		
Transaction will be effected at unit price declared on the date the request is received and accepted by ABSLI's office on or before		
3.00 pm IST and on the next unit price declared if the request and accepted at ABSLI's office after 3.00 pm IST or as per prevailing		
guidelines.		
<ul> <li>The total percentage in fund switch should add up incomplete and will not be processed.</li> </ul>	o to 100% of the Fund Value as on date of switch, else the request	will be treated as
<ul> <li>Investment funds will be allotted as per policy pro</li> </ul>	visions.	
In case of any communication please write to us a		
	ures of the Investment Fund Options chosen by us and the administrative r ption. We hereby provide our consent for switch of Fund Option as selected	•
•		
Signature of the Authorized Trustee(s) with Policyhold	er's stamp Date d d	m m y y y y
Name of the Signing Trustee(s)		

Aditya Birla Sun Life Insurance Company Limited IRDAI Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1, 16" Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013 +91 22 4356 7000 | CIN: U99999MH2000PLC128110 www.adityabirlasunlifeinsurance.com

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