

Life Insurance

Aditya Birla Sun Life Insurance Company Ltd.



ADITYA BIRLA CAPITAL

PROTECTING INVESTING FINANCING ADVISING

Consent for Addition of Rider/Enhancing Life Insurance Cover Amount (Sum Assured)

Any alterations/corrections made in the form need to be duly signed by the Policy Owner. Tick (✓) the relevant box Kindly fill in BLOCK LETTERS ONLY

Policy / Application Number: e-Insurance Account Number (If Yes):

Name of the Policy Owner:

PAN: (PAN should be furnished when your annual contribution* is Rs 50,000 or more in a financial year)

*Annual contribution would mean total Annual premium across all policies held by you as a customer + sum of all Top ups made in a financial year + any other payments made by you as a customer in the financial year

Mobile (Mandatory): Telephone (R/O) No.: **STD code** Email Id:

Bank Account Details (All fields are mandatory)

Bank Name: Branch Name:

Bank Address:

Bank Account Holder's Name:

Bank Account Number: 11 Digit IFSC Code: (You can get this code from your bank)

Note: Aditya Birla Sun Life Insurance Company Limited (ABSLI) will not be responsible in case of non credit to your account or if transaction is delayed or not effected at all for reasons of incomplete/incorrect information provided or rejected by your bank. In case of requisite information for direct credit is not received or transaction rejected by bank the payout will be made vide cheque.

I would like to request for the following :

Addition of Rider

Rider Name :

Sum Assured :

Benefit period :

Paying period :

Rider premium :

Enhanced Sum Assured

Sum Assured :

Benefit period :

Paying period :

Premium :

I hereby provide my consent to receive a call with regards to my request as given herein

Note: Please submit duly filled and signed Certificate of Insurability and medical requirements, if any, along with this document.

Signature of the Policy Owner _____ Date: Place: _____

Please collect stamped, duly filled and signed acknowledgement slip, which you can refer to for all your communication in regard to this request.

Acknowledgement slip

Received a request for _____ against Policy / Application No.:

Policy Owner : _____ Reference No.: _____

Branch: _____ Received By: _____

Date:

Time: AM/PM

Stamp/Seal of the branch

FOR/9/17-18/790

Aditya Birla Sun Life Insurance Company Limited
(Formerly known as Birla Sun Life Insurance Company Limited)
Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1,
16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg,
Elphinstone Road, Mumbai - 400013
+91 22 6723 9100 | CIN: U99999MH2000PLC128110
www.adityabirlasunlifeinsurance.com

Life Insurance

Aditya Birla Sun Life Insurance Company Ltd.



ADITYA BIRLA CAPITAL

1800-270-7000