## Life Insurance

Aditya Birla Sun Life Insurance Company Ltd.



PROTECTING INVESTING FINANCING ADVISING

## Open Market Option Form

Policy Number:  Name of the Policy Owner:  Email id:  Email id:  Mobile No. (Mandatory):  Kindly note, this email id will be used for registration of 'Go Green' and will lead to discontinuance of physical statements.  PAN:  Name of the Insurnace Company from where you wish to purchase Annuity plan.  (Name to be provided as requing Contact Person (Company employee to whom the cheque needs to be sent): Mr./Mrs.  Communication address of the Insurance Company where the cheque needs to be sent	Date: D D M M Y Y Y Y A D D D D D D D D D D D D D D D
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Communication address of the Insurance Company where the cheque needs to be sent	
Help us know you better! For which financial goal did you choose your life insurar	nce Policy?
For Your Family & You For Efficient Financial Planning Fo	r Your Aspirations
	Creation
	nent Planning
	Planning
Protection against Health Business Continuity	
Cover Outstanding Loans	
<ol> <li>Please attach the following documents</li> <li>Declaration:</li> <li>I hereby declare that the information provided above by me is true, correct and complete to the best of my knowled declare that I am requesting Aditya Birla Sun Life Insurance Company Limited (ABSLI) for affecting the transfer provider, of my own choice as stated above, towards purchase of annuity and not for other purpose.</li> <li>I agree on me opting for other insurance company for annuity service, Aditya Birla Sun Life Insurance Company Limited (ABSLI) for affecting the transfer provider, of my own choice as stated above, towards purchase of annuity and not for other purpose.</li> </ol>	of corpus to an annuity servi
amount/ claim of whatsoever nature under my policy with ABSLI. I further hold Aditya Birla Sun Life Insurance Com	pany Limited., its employees a
Directors and Agents free from any liability that may arise directly or indirectly from erroneous or incorrect informat 3. I hereby agree and confirm that the above details provided by me are true and correct. I request you to update al	
I hereby provide my consent to receive call from Aditya Birla Sun Life Insurance Company Limited (ABSLI) or its	
connection with any matter related to my above Policy.	
Name of the Policy Owner:	
Date: D D M M Y Y Y Y Place:	

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

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