

Tata AIG Life INVEST ASSURE (UIN No. 110L035V01)



REQUEST FOR CHANGE FORM

POLICY NUMBER :

NAME OF INSURED : _____ Branch Code _____

NAME OF PAYOR / OWNER : _____ Landline / Mobile No.* _____

CORRESPONDENCE ADDRESS: _____

EMAIL ADDRESS _____

PART A - APPLICATION FOR PREMIUM RE-DIRECTION AND TOP-UP PREMIUM :-

PREMIUM RE-DIRECTION & TOP-UP PREMIUM :

<p>NAME OF FUND</p> <p>EQUITY (TEL)</p> <p>GROWTH (TGL)</p> <p>BALANCED (TBL)</p> <p>INCOME (TIL)</p> <p>LIQUID (TLL)</p> <p>TOTAL</p>	<p>PREMIUM RE-DIRECTION [Please refer to Note 3 (i)] (%) For Due Date</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>100%</p>	<p>SINGLE TOP-UP PREMIUM</p> <p>Rs. _____ * Minimum Amount : Rs. 10,000/-</p> <p>100%</p>	<p>REGULAR TOP-UP PREMIUM</p> <p>Rs. _____ * Minimum Amount : Rs. 1,000/-</p> <p>Allocation between funds will be in the same proportion of Regular Premium</p>
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NOTE :

- 1 Please tick on the required options.
- 2 Please specify percentages in whole numbers. The total fund allocation for each option must add up to 100%.
- 3 **Premium Re-direction :**
 - (i) For Regular Premiums, change in Premium Re-direction will be effected only on the next premium due date.
 - (ii) 2 free Premium Re-directions will be allowed in a policy year.
- 4 **Single Top-up Premium :**
 - (i) Single Top-up will be allowed only after the policy is accepted and issued.
 - (ii) In case Single Top-up is applied for along with the Application form, the Top-up will get the applicable NAV after the policy is issued and Top-up Premium cheque is realised.
 - (iii) Maximum of 2 Single Top-ups will be allowed in a policy year.
 - (iv) Single Top-up will not be allowed while the policy is on a premium holiday.
 - (v) Single Top-up will be effected by buying units in the desired fund at the applicable NAV of that fund.
 - (vi) Single Top-up Premium may be allocated in any proportion as required (i.e., it may be different from the allocation of the Regular Premium).
 - (vii) As per the Anti Money Laundering guidelines issued by IRDA the Top up request should accompany Photo Identity & Address Proof and where the total Premium amount (including Top up amount) is equal to or greater than Rs 1,00,000/- then the request should also accompany Source of Income & Income Proof.
- 5 **Regular Top-up Premium :**
 - (i) Regular Top-up can be opted for only after the payment of Regular Premium for 12 months from the Inception Date of the policy and while the Policy is in force.
 - (ii) Regular Top-up shall commence and may be changed only on the Policy Anniversary.
 - (iii) The mode of premium payment for the Regular Top-up should be the same as that for the Regular Premium.
 - (iv) Regular Top-up will not be allowed while the policy is on a premium holiday.
 - (v) Regular Top-up will be effected by buying units in the desired fund at the applicable NAV of that fund.

PART B - APPLICATION FOR SWITCH :-

SWITCH :

SECTION - I] SWITCH TO BE EFFECTED FROM : Regular Premium Account Top-up Account

SECTION - II] SWITCH DETAILS :

Cell	SWITCH FROM EXISTING FUND(S) [Tick on the fund(s) from which switch is required]	Provide the amount or the total number of units or the percentage of units that are to be switched from the existing fund (Amount or Units or %)	SWITCH TO DESIRED FUND(S) [Mention the break up of units provided in B that are to be switched from the existing fund to the desired fund(s)] (%)					The row total (C+D+E+F+G) should be equal to 100%
			EQUITY	GROWTH	BALANCED	INCOME	LIQUID	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
1	EQUITY (TEL) <input type="checkbox"/>							100%
2	GROWTH (TGL) <input type="checkbox"/>							100%
3	BALANCED (TBL) <input type="checkbox"/>							100%
4	INCOME (TIL) <input type="checkbox"/>							100%
5	LIQUID (TLL) <input type="checkbox"/>							100%

NOTE :

- 1 Please specify percentage in whole numbers.
- 2 Please select the option(s) provided in Section I above to indicate from which Account the Switch is to be effected.
- 3 Please do not fill any details in the shaded (black) cells.
- 4 If all the units are to be switched from the existing fund, mention 100% in column B.
- 5 Switch will not change the Policy's Regular Premium Allocation.
- 6 4 free Switches will be allowed in a policy year.
- 7 Switch will be effected by selling the units of one fund at the applicable NAV and units will be bought in the desired fund at the applicable NAV of that fund.
- 8 If the account from which the Switch is to be effected is not specified in Section I, the Switch will automatically be effected from both the Accounts.
- 9 If the amount or the number of units or the percentage of units is not specified in column B, all the existing units from that fund would be switched to the desired fund(s).

In respect of premiums received on or before 3.00 pm by the company along with a local cheque or demand draft payable at par at the place where the premium is received, the closing NAV of the day on which premium is received shall be applicable. Kindly note that in case of local cheque/demand draft is submitted through any other indirect methods, the applicable NAV is decided based on the day the intimation is received by the insurer. If the intimation is received on Saturday, Sunday, Public Holiday or after 3.00 pm, NAV of the next working day will be applicable

PART C - APPLICATION FOR REGULAR PREMIUM HOLIDAY :-

REGULAR PREMIUM HOLIDAY : Start Date : / /
 End Date : / /

NOTE :

- 1 Regular Premium Holiday can be opted for only after the payment of Regular Premium for 24 months from the Inception Date of the policy and while the Policy is in force.
- 2 Regular Premium Holiday can be availed for a maximum period of 2 years, subject to the availability of funds in the Account.
- 3 A repeat Regular Premium Holiday may be applied for, subject to premiums having been paid for 12 months after the end of the previous Regular Premium Holiday.
- 4 No premium notice will be sent during the Regular Premium Holiday period and no collection action will be taken.

PART D - APPLICATION FOR PARTIAL WITHDRAWAL / SURRENDER :-

PARTIAL WITHDRAWAL : **SURRENDER.**

NAME OF FUND (A)	PARTIAL WITHDRAWAL (Units) (B)	PARTIAL WITHDRAWAL TO BE EFFECTED FROM (C)
EQUITY (TEL)		<input type="checkbox"/> Top-up Account <input type="checkbox"/> Regular Premium Account
GROWTH (TGL)		
BALANCED (TBL)		
INCOME (TIL)		
LIQUID (TLL)		
TOTAL		

NOTE :

- 1 Please tick on the required options.
- 2 **Partial Withdrawal :**
 - (i) Please specify the number of units to be withdrawn from respective funds in column B.
 - (ii) If account is not specified in column C, the amount will be withdrawn from Top-up Account first and balance (if any) will be withdrawn from the Regular Premium Account.
 - (iii) Partial Withdrawal will be allowed only after the completion of 24 months from the Inception Date of the policy.
 - (iv) The minimum units that can be withdrawn should be such that the withdrawal amount is at least equal to Rs. 10,000/-, subject to a minimum balance Fund Value of Rs. 10,000/-.
 - (v) The applicable withdrawal charge, after the Partial Withdrawal, would be deducted from the balance Fund Value.
 - (vi) The Net Amount payable = (The number of units to be withdrawn from the Top-up Account, if any, multiplied by the applicable NAV of that fund) + (The number of units to be withdrawn from the Regular Premium Account multiplied by the applicable NAV of that fund) and as specified in column C.
 - (vii) Maximum of 4 Partial Withdrawals will be allowed in a policy year.
 - (viii) Partial Withdrawal will be effected by selling the units of the desired fund at the applicable NAV of that fund.
- 3 **Surrender :**
 - (i) For Surrender, the Policy Contract should accompany this form. If the Policy Contract is misplaced, Bond of Indemnity Form should be submitted.
 - (ii) As per the Anti Money Laundering guidelines issued by IRDA, the surrender request should also accompany Photo Identity and Address Proof.
 - (iii) Surrender will be allowed only after the completion of 24 months from the Inception Date of the policy.
 - (iv) The Surrender Value payable = (The number of units in the Regular Premium Account multiplied by the applicable NAV of that fund, reduced by the surrender charges as applicable) + (The number of units in the Top-up Account, if any, multiplied by the applicable NAV of that fund).
 - (v) Surrender will be effected by selling the units of the respective funds at the applicable NAV of that fund.
 - (vi) The entire policy terminates upon surrender.

DECLARATION & AUTHORISATION FOR PART D :

I/We understand and agree that the withdrawal/surrender value of the cancelled units will be determined in accordance with the Provisions of the said policy on the Valuation Date immediately following receipt of this request.
 I/We understand and agree that a Surrender Charge will be levied on the Policy by deducting sufficient number of units if less than six annual Regular Premiums (based on annualised premium at policy inception) have been paid. This Charge is calculated by multiplying the Policy Value by the factors listed in "Surrender Charge" in the Schedule of Policy Charges to the Policy Contract.
 I/We understand and agree that the liability of Tata AIG Life Insurance Co. Ltd. (hereinafter referred to as "the Company") is fixed and limited to the Fund Value and upon payment thereof, the Company shall be completely discharged of the said liability.

DECLARATION AND AUTHORISATION :-

Tata AIG Life Insurance Company Limited is only the name of insurance company & Tata AIG Life InvestAssure is only the names of the ULIP contracts and does not in any way indicate the quality of the contract, its future prospects or returns. Please refer to the product brochure for detailed terms and condition before conducting a sale.
 I/We understand that ULIP products are different from traditional Life Insurance products and are subject to risk factors. I/We also understand that premiums paid in ULIP are subject to investment risks associated with capital Markets & the NAV of the units may go up or down based on the performance of the fund and factors influencing capital markets & the insured are responsible for their decision(s). Investments are subject to market risk and Past performance is not indicative of future results.
 I/We, understand and agree that, said request shall be treated as valid on acceptance by Tata AIG Life Insurance Co. Ltd. (hereinafter referred to as "the Company").
 I/We accept the risks associated with premium allocation / re-direction selected by me/us during the term of the policy and/or the switch of funds inter se. I/We also confirm that my/our decision is purely on the basis of my/our own merits / discretion.
 I/We also agree that the Company is not responsible for / guaranteeing the resultant returns from "Premium Allocation" / "Premium Re-direction" and "Switch" based on instructions issued by me/us, and I/We, understand that (i) the Company may be unable to process this application, if, I/We, fail to provide any material information as requested upon by the Company and (ii) I/We, have the right to ensure I/We, understand and agree that, the said request shall be treated as valid on acceptance by Tata AIG Life Insurance Company Ltd.
 I/We, further agree that receipt of said form by the agent does not constitute receipt by the Company.
 I/We, request that this policy be changed in accordance with the above particulars and a copy of the said request shall be attached to and form a part of the said policy.
 I/We, understand and agree for transactions involving debit/credit of units, the value of said units shall be determined in accordance with the provisions of the said policy on the valuation date, immediately

Signature of Insured

Signature of Policyholder/Assignee/Trustee (if other than insured)

Signature of Witness

PLACE :-

DECLARATION IN CASE THE PROPOSED INSURED / POLICYHOLDER IS ILLITERATE OR SIGNING IN VERNACULAR:

I, _____ (name) with _____ (identify type) _____ (identify number) hereby declare that I have explained the contents of the Request for Change Form to the Policy Insured / Policyholder in _____ language and that the Policy Insured / Policyholder has signed / affixed his/her thumb impression on the Request for Change Form after fully understanding the contents thereof.

Signature of the witness _____ Please affix Life Insured/Policyholder thumb impression here _____

NOTE:

1. All signatures must be in ink. Names should be written as they appear in our record.
2. The witness has to be 21 years old and above, who is not the beneficiary of this policy.

Tata AIG Life Insurance Company Ltd. (Regn. No. 110)