

Policy no _____

PART B –APPLICATION FOR 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 (Amount or Units or %) to be switched out	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 from C to J should be equal to 100%
			TOP-50 FUND (ITF)	TOP-200 FUND (ITT)	AGGRESSIVE FLEXI FUND (IAF)	STABLE FLEXI FUND (ISF)	BOND FUND (IBF)	SUPER SELECT EQUITY FUND (TSS)	LARGE CAP EQUITY FUND (TLC)	INFRASTRUCTURE FUND (TIS)*	
1	TOP 50 FUND (ITF)										
2	TOP 200 FUND (ITT)										
3	AGGRESSIVE FLEXI FUND (IAF)										
4	STABLE FLEXI FUND (ISF)										
5	BOND FUND (IBF)										
6	SUPER SELECT EQUITY FUND(TSS)*										
7	LARGE CAP EQUITY FUND (TLC)										
8	INFRASTRUCTURE FUND (TIS)*										
9	SUPER 110% CAPITAL GUARANTEE FUND (UCS)*										

*Infrastructure Fund is not available in InvestAssure Superstar Product and Super Select Equity fund, Infrastructure Fund & Super 110% Capital Guarantee fund is not available in InvestAssure Insta Plus Product.

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. 12 free Switches will be allowed in a policy year, thereafter a Service charge of Rs.100/- per switch will be applicable.
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.
10. 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).

DECLARATION AND AUTHORISATION TO PART A & B

Tata AIG life Insurance Company Limited is only the name of insurance company & Tata AIG Life InvestAssure II ,Tata AIG Life InvestAssure Superstar, Tata AIG Life InvestAssure Plus Advantage,Tata AIG Life InvestAssure Insta + & Tata AIG Life Lakshya Plus is only the name of the ULIP contract and does not in any way indicate the quality of the contracts, 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 that such returns shall depend on the performance of the fund/s selected by me/us. 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 correction of any personal information supplied by me/us to the Company. 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 following receipt of this request.

Signature of Insured _____

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

Signature of Witness _____

D D / M M / Y Y Y Y

D D / M M / Y Y Y Y

D D / M M / Y Y Y Y

PLACE: - _____

DECLARATION IN CASE THE INSURED / POLICYHOLDER IS ILLITERATE OR SIGNING IN VERNACULAR:
I _____ (name) with _____ (identify type) _____ (identity number) hereby declare that I have explained the contents of the Request for Change Form to the Insured / Policy holder in _____ language and that the Insured / Policy holder 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 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.