

POLICY ENDORSEMENT FORM

Name of the Policy holder	:	_____
Policy No.	:	_____
Date	:	_____
Contact Number	:	_____
E-mail Address	:	_____

Change in premium frequency*

Monthly: (ECS mode only)	<input type="checkbox"/>
Half-yearly:	<input type="checkbox"/>
Annual:	<input type="checkbox"/>
Quarterly:	<input type="checkbox"/>

Change in premium payment method

ECS	<input type="checkbox"/> Opt out
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Addition of Nominee (Max 5 Nominee option sheet should be available for filling)

I, _____ (the policy owner), hereby nominate the following person (s) as my nominee to the person who will receive the moneys secured by this policy in the event of my death to give valid discharge to the company:

Name	Date of Birth	Relationship with Assured	Communication Address

Appointee Details

To be filled only in case the nominee is minor

I hereby appoint the following person as the Appointee to be the person to receive the money secured by the policy in the event of my death during the minority of the nominee.

In consent of the above appointment I sign hereunder.

Name	Date of Birth	Relationship with Assured	Communication Address

Signature of Policy Holder : _____ Signature of Appointee : _____

Date : | D | D | M | M | Y | Y | Y | Y |

Place: _____

Top-up

Amount (Rs.) _____
DD / Cheque No. _____
<p>Note: Minimum Top-up amount is Rs.5,000 for all products except iMax. In case of iMax, the same is Rs.10,000. * For Rs. 50,000/- & more, please provide your PAN card copy</p>

 Fund Switch/ Premium Redirection

(Please use a separate request form for each policy & kindly submit the request form at our local branch office.)

Branch Name: _____
Received at Branch on: _____
Received by: _____ Time: _____

Fund Switch

I would like to request that my CURRENT fund for the above policy number be invested in the proportion as mentioned below:

Percentage (Total=100%)	From (Name of current fund)	To (Name of desired fund)

Premium-Redirection

I would like to request that my FUTURE premiums for the above policy number be invested in the proportion as mentioned below:

Percentage (Total=100%)	(Name of desired fund)

I confirm having read all the relevant policy provisions* before making this application and understood the same.



Signature of Policy holder: _____

Dated:

D	D	M	M	Y	Y	Y	Y
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Place: _____

Signature of Assignee
(In case the policy is assigned)

Declaration & Authorisation

I/We hereby request that the terms and condition of this policy be changed in accordance with the above particulars with the understanding and agreement that a copy of this request shall be attached to and shall form part of the said policy.

I/We understand that (i) the Company may be unable to process this application if I/We fail to provide any further information requested by the Company and (ii) I/We have the right to obtain access to and to request correction of any personal information held by the Company concerning me/ us.

Disclaimer

The request will be processed as per applicable IRDAI guidelines relating to NAV application.

“In the event of any disagreement in interpreting the contents of the format, the format that was printed in Hindi / English version (as the case may be) prevails as per IRDAI Circular No: IRDAI/ Life/ Life Council/ 2013/ 73 dated 29 April 2014”

No request shall be deemed to be treated valid and effective unless received by Aegon Life Insurance Company Limited. (Hereinafter referred to as “the Company” during the lifetime of the Insured and is finally accepted by the Company, The receipt of this form by the agent does not constitute receipt/ acknowledgment by the Company. (note)