

Policy No. - U

PART B - APPLICATION FOR SWITCH:-

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

SWITCH FROM EXISTING FUND(S) [Tick on the fund(s) from which switch is required]	Provide the amount or 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)]						
		TOP-50 FUND (ITF)	TOP-200 FUND (ITT)	AGGRESSIVE FLEXI FUND (IAF)	STABLE FLEXI FUND (ISF)	BOND FUND (IBF)	The row total (C+D+E+F+G) should be equal to 100%	
Cell	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
1	TOP-50 FUND (ITF)							100%
2	TOP-200 FUND (ITT)							100%
3	AGGRESSIVE FLEXI FUND (IAF)							100%
4	STABLE FLEXI FUND (ISF)							100%
5	BOND FUND (IBF)							100%

SECTION - II] SWITCH DETAILS:

- NOTE:**
- Please specify percentage in whole numbers.
 - Please select the option(s) provided in Section I above to indicate from which Account the Switch is to be effected.
 - Please do not fill any details in the shaded (black) cells.
 - If all the units are to be switched from the existing fund, mention 100% in column B.
 - Switch will not change the Policy's Regular Premium Allocation.
 - 12 free Switches will be allowed in a policy year, thereafter a Service charge of ` .100/- per switch will be applicable.
 - 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.
 - 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.
 - 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 AIA life Insurance Company Limited is only the name of insurance company & Tata AIA Life InvestAssure Insta 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 AIA 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 AIA 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
 / /
DD/MM/YYYY

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

PLACE: - _____

DECLARATION IN CASE THE LIFE 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 Life Insured / Policyholder in _____ language and that the Life 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 _____ Signature/ Thumb impression of Insured/Policyholder _____

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

CUSTOMER ACKNOWLEDGEMENT COPY

Policy no U Premium Redirection Fund Switch

Branch Name, Date, Time Stamp

Tata AIA Life Insurance Company Ltd. (IRDA of India Regn. No. 110) (CIN - U66010MH2000PLC128403)

Registered & Corporate Office: 14th Floor, Tower A, Peninsula Business Park, Senapati Bapat Marg, Lower Parel, Mumbai 400013
 For more Information, contact your advisor or call on our Helpline No 1-860-266-9966 (local charges apply) or SMS "Service" to 58888 or e-mail us at customercare@tataaia.com or visit our website www.tataaia.com
 This product is underwritten by Tata AIA Life Insurance Company Ltd.

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