IN THIS POLICY, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER

Tata AIA Life InvestAssure Flexi (UIN No. 110L055V01)

REQUEST FOR CHANGE FORM

Policy Number: U☐☐☐☐☐☐☐☐☐☐ PAN Number (Policyholder) ☐☐☐☐☐☐☐☐☐☐

Name of Insured: _____ Attach PAN Card copy if Top up Premium is greater than or equal to `50,000

Name of Policyholder: _____ Landline /Mobile No _____

Correspondence Address: _____

_____ Email Address: _____

- Landline/Mobile number is mandatory.
- Please provide your Email Address for future communication.
- In case of any change in address kindly submit address proof (utility bills not more than 6 months old)

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

☐ **PREMIUM RE-DIRECTION & TOP-UP PREMIUM:**

NAME OF FUND	PREMIUM RE-DIRECTION [Please refer to Note 3 (i)] ☐ (%) For Due Date D D / M M / Y Y Y Y	SINGLE TOP-UP PREMIUM* ☐ (%)	SINGLE TOP-UP PREMIUM DETAILS : [Please refer to Note 4 (ix) to (xiv)] Total Top-up Amount: `._____
WHOLE LIFE MID CAP EQUITY (WLE) (ULIF 009 04/01/07 WLE 110)			☐ **No insurance cover required on Top-up amount** Top-up Amount without cover: `. _____ [Top-up amount should be within the 25% criteria mentioned in Note 4 (x)] ☐ **Insurance cover required :-** Premium Multiple: _____ (1.25 or 60 times) **Cover Details :** Top-up Amount with cover: `. _____ **OR** Top-up Sum Assured: `. _____
WHOLE LIFE AGGRESSIVE GROWTH (WLA) (ULIF 010 04/01/07 WLA 110)			
WHOLE LIFE STABLE GROWTH (WLS) (ULIF 011 04/01/07 WLS 110)			
WHOLE LIFE INCOME (WLI) (ULIF 012 04/01/07 WLI 110)			
WHOLE LIFE SHORT TERM FIXED INCOME (WLF) (ULIF 013 04/01/07 WLF 110)			
SELECT EQUITY FUND (TSE) (ULIF 024 06/10/08 TSE 110)			
LARGE CAP EQUITY (TLC) (ULIF 017 07/01/08 TLC 110)			
CAPITAL GUARANTEE FUND (ULIF 014 17/10/07 TCG 110)			
TOTAL	**100%**	**100%**	

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 Premium Policy, change in premium re-direction will be effected only on the next premium due date.
   - ii. Premium Re-direction will not be allowed in Capital Guarantee Fund
   - iii. Premium Re-direction shall apply on all subsequent premiums
4. **Single Top-up Premium:**
   - i. Single Top-up will be allowed only after the policy is accepted and issued by Tata AIA Life Insurance Company Ltd.
   - 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 the Top-up premium Cheque is received (for local cheques) / realised (for outstation cheques).
   - iii. The minimum Single Top-up Premium allowed is ` 5,000/-
   - iv. The maximum number of Single Top-ups allowed in a policy year is 4.
   - v. Single Top-up will not be allowed while the policy is on a premium holiday.
   - vi. Single Top-up will be effected by buying units in the desired fund at the applicable NAV of that fund.
   - vii. 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).
   - viii. Please select the required option for the Insurance Cover required.
   - ix. As per the IRDA guidelines for ULIP, if the total amount of Top-up Premiums paid till date (including the current Top-up Premium) crosses 25% of the total amount of Basic Regular / Single Premiums paid up to that date, the balance amount of such top-up premium shall have an insurance cover.
   - x. If no insurance cover is opted for or applicable on the Single Top-up Amount, the 'Total Top-up Amount' and the 'Top-up Amount without cover' has to be the same.
   - xi. If realised (for outstation cheques).insurance cover is opted for or applicable on the Single Top-up Amount, please provide either the 'Top-up Amount with cover' OR the 'Top-up Sum Assured' after choosing the premium multiple of 1.25 to 60 times.
   - xii. If insurance cover is opted for or applicable on the Single Top-up Amount, a Health Certificate should accompany this form.
   - xiii. Single top-up cannot be done in Capital Guarantee fund.
   - xiv. As per the IRDA regulations the Top up request should accompany Photo Identity & Address Proof (utility bills within 6 months) and where the total Annual premium amount (including Top up amount) is equal to or greater than `1,00,000/- then the request should also accompany appropriate Income Proof. These documents would be collected only if they are not collected earlier during the year.
   - xv. Tax benefits are as per the Income Tax Act, 1961, and are subject to modifications made thereto from time to time.
   - xvi. All taxes, duties, surcharge, cesses or levies, (including but not limited to Service Tax and TDS), as may be imposed by Government or any statutory authority from time to time, on the premiums payable and benefits secured under Policy, shall be borne and paid by the Policyholder.

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 day will be applicable.

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PART B –APPLICATION FOR SWITCH:-

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

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.

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)]**							
			WHOLE LIFE MID CAP EQUITY (WLE)	WHOLE LIFE AGGRESSIVE GROWTH (WLA)	WHOLE LIFE STABLE GROWTH (WLS)	WHOLE LIFE INCOME (WLI)	WHOLE LIFE SHORT TERM FIXED INCOME (WLF)	SELECT EQUITY FUND (TSE)	LARGE CAP EQUITY (TLC)	The row total (C+D+E+F+G+H+I) should be equal to 100%
Cell	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
1	WHOLE LIFE MID CAP EQUITY (WLE)									100%
2	WHOLE LIFE AGGRESSIVE GROWTH (WLA)									100%
3	WHOLE LIFE STABLE GROWTH (WLS)									100%
4	WHOLE LIFE INCOME (WLI)									100%
5	WHOLE LIFE SHORT TERM FIXED INCOME (WLF)									100%
6	SELECT EQUITY FUND (TSE)									100%
7	LARGE CAP EQUITY (TLC)									100%
8	CAPITAL GUARANTEE FUND (TCG)									100%

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.
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).
10. Switch out can be done from Capital Guarantee Fund to any other fund(s) available in this product, but switch in cannot be done into Capital Guarantee fund.

DECLARATION AND AUTHORISATION TO PART A & B

Tata AIA Life Insurance Company Limited is only the name of insurance company & Tata AIA Life InvestAssure Flexi is only the name of the ULIP contract 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 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:
1) All signatures must be in blue 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.

CUSTOMER ACKNOWLEDGEMENT COPY

Policy no U☐☐☐☐☐☐☐☐☐☐ Premium Redirection ☐ Fund Switch ☐

Branch Name, Date, Time Stamp

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