

Residence for Tax Purposes in jurisdiction(s) outside India (To be filled in case of change in tax residency status)
 Yes No If Yes, Please mandatorily fill the NRI/OCI/PIO/ FN Questionnaire/ FATCA and CRS-Self Certification form

Are you a Politically exposed person

Yes No If Yes, Please provide details _____

Change of occupation : New Occupation: _____

Since / /

Exact Nature of Daily Duties: _____

Employer's Name and Address: _____

Employer's phone No: _____

Others _____

Part B: Please tick the appropriate change type and provide necessary details.

Please provide 1. Health Certificate 2. New Sales illustration sheet 3. New Modal Premium

Change of basic plan (Please submit original Policy document (Original Copy) in addition)

Basic Plan Name (Original) ₹ _____ (New) ₹ _____

Basic Sum Assured (Original) ₹ _____ (New) ₹ _____

Increase in Sum Assured

Decrease in Sum Assured (Health Certificate is not required)

Old Sum Assured ₹ _____ New Sum Assured ₹ _____

Addition of Rider

Deletion of Rider (Health Certificate is not required)

Change in Rider Sum assured

Rider Name _____ Sum Assured ₹ _____

Rider Name _____ Sum Assured ₹ _____

Rider Name _____ Sum Assured ₹ _____

Declaration & Authorization

No request shall be deemed to be treated valid and effective unless received by Tata AIA Life Insurance Co. Ltd. (hereinafter referred to as "the Company") during the life time of the Insured and is finally accepted by the Company. The receipt of this form by the agent does not constitute receipt / acknowledgement by the Company. 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.

Undertaking by Policyholder (for Unit Link policies only)

I, _____, understand and undertake that the total premium paid till date (including the previously paid premium), shall be allocated and applied to the units, based on the NAV of either of the following:

(a) the underwriting date + 1 working day or (b) date of receipt (in case of local cheque) / clearance (in case of outstation cheque) or (c) date of completion of all formalities, whichever is later.

Signature of Insured

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

Signature of Witness/ Assignee/
Trustee (if other than Insured)

Date:

*Insured sign required only if Owner and Insured different. Applicable only for Part B/Part A – Insured Particular's change

Declaration in case the policyholder is illiterate or signing in vernacular:

NOTE: The declarant has to be 21 years old or above and should be a person, other than the beneficiary of this policy.

I _____ (name) with _____ (identity card type) _____ (identity number) hereby

declare that I have explained the contents of the Request for Change Form to the Policyholder in _____ language and that the Policyholder has

signed / affixed his/her thumb impression on the Request for Change Form after fully understanding the contents thereof.

Signature of the Declarant

Signature of the Witness

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

Beware of Spurious Phone Calls and Fictitious/Fraudulent Offers: IRDA of India clarifies to public that IRDA of India or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums. IRDA of India does not announce any bonus. Public receiving such phone calls are requested to lodge a police complaint along with details of phone call, number.