



Request For Change Form for Activation of Life Stage Plus Option (LSPO) Benefit

Policy Number _____

Name of Policyholder _____

Name of Insured _____

PAN No of Policyholder _____

Part A (Please tick the appropriate box)

Change Type	Details	Remarks
<p>Activation of Life Stage Plus Option (LSPO) Benefit</p> <p>It can be exercised in the future subject to occurrence of any of the "lifestyle events" as mentioned below</p> <p>a. Marriage of the Life Insured (Copy of Marriage Certificate Mandatory)</p> <p>b. Child Birth (Copy of Birth Certificate Mandatory)/Legal adoption (Copy of Adoption deed mandatory) First two children in both cases</p> <p>Note - Request for Activation of LSPO benefit should be submitted within 1 year of occurrence of such "lifestyle events".</p>	<p>Please select the "lifestyle event" for activation of LSPO Benefit</p> <p>LSPO Benefit - SUM ASSURED applied for Rs. _____</p> <p>(In Words Rs _____)</p> <p>On occurrence of "lifestyle event"</p> <p>1 Marriage <input type="checkbox"/></p> <p>2 1st Child Birth <input type="checkbox"/></p> <p>3 2nd Child Birth <input type="checkbox"/></p>	<p>1. LSPO Benefit is exercisable only on policy anniversary. Request to start the LSPO should be received 30 days in advance of the policy anniversary</p> <p>2. Minimum Limit of Additional Sum Assured Per Life: - If Life Stage Plus Option is availed is 10% of Basic Sum Assured</p> <p>3. Maximum Total Limit of Additional Sum Assured Per Life: - If Life Stage Plus Option is availed in part, then the sum of all Additional Sum Assured availed over the term of the policy cannot exceed the Minimum of</p> <p>a. 50% of basic SA</p> <p>b. Rs.50 lakhs</p> <p>4. LSPO cannot be availed after attained age of 50 years and in last 10 Policy years.</p>
Are you a Politically Exposed Person**?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" please provide details
Are any of your family members or close relative a Politically Exposed Person**?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" please provide details

****Definition of PEP:** Politically exposed persons are individuals who are or have been entrusted with prominent public functions in a foreign country e.g. Heads of States or of Governments, senior politicians, senior government / judicial / military officers, senior executives of state-owned corporations, important political party officials etc. It should also include persons who are affiliated to a Domestic political party / Central or State Government or any government official not below the rank of an Under-secretary.

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.

I have applied for / hold Insurance policy with Tata AIA Life Insurance Company Ltd and understand that I have to submit Identity Proof and Address proof in order to comply with Anti Money Laundering regulations. For the said purpose, I hereby authorize TALIC to access my details through the e-KYC services provided by the Unique Identification Authority of India (UIDAI). I further undertake to update and keep updated my details available in UIDAI systems in case of any change.'

Signature of Insured

Date :

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

Date:

DECLARATION IN CASE THE PROPOSED 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 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 witness _____

Signature/ Thumb impression of Policyholder _____

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

Tata AIA Life Insurance Company Ltd. (IRDA Regn. No.110)

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's 1-800-267-9966 (toll free) or at 1-860-266-9966 (local charges apply) or SMS "Service" to 58888 or e-mail us at Customercare@tataaia.com