

Personal Details Change Form

For Unit Linked Life Insurance Plans

Please use this form to update the personal details, address, contact information, etc. Please complete this form in CAPITAL letters.

| Policy Number and Plan Details | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---------------------------------------|------------|--|--|----------|--|------------------------------|-------------------------------|------------------------------|------------------|--|--|--|--|-------------------------|--|--|--|--|--------------|--|--|--|--|
| Policy Number | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of the Policy Owner | First name | Last name | | | | | Mr. <input type="checkbox"/> | Mrs. <input type="checkbox"/> | Ms. <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Name of the Life Assured | First name | Last name | | | | | Mr. <input type="checkbox"/> | Mrs. <input type="checkbox"/> | Ms. <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Change in Communication Details | | | | | | | | | | | | | | | | | | | | | | | | |
| Communication Address | | | | | | | | | | | | | | | | | | | | | | | | |
| | Street / Area: | | | | | | | | | | | | | | | | | | | | | | | |
| | Po Box: | City: | | | Country: | | | | | | | | | | | | | | | | | | | |
| Share valid self-attested copy of valid address proof (not more than 3 months old) | | | | | | | | | | | | | | | | | | | | | | | | |
| Change in Registered Contact Details | | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile Number | | | | | | | | | | Alternate Number | | | | | | | | | | | | | | |
| Email Address | | | | | | | | | | | | | | | | | | | | | | | | |
| The mentioned contact number will be considered as consent to communicate with you. All communication will be sent electronically via the email provided. | | | | | | | | | | | | | | | | | | | | | | | | |
| Change in Bank Account Details | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of the Bank | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank Code (If applicable) | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank Branch & Address | | | | | | | | | | | | | | | | | | | | | | | | |
| Swift Code | | | | | | | | | | | | | | | | | | | | | | | | |
| Account Name | | | | | | | | | | | | | | | | | | | | | | | | |
| Account Number | | | | | | | | | | | | | | | | | | | | | | | | |
| IBAN Number (23 Digits) | | | | | | | | | | | | | | | | | | | | | | | | |
| Please provide a self-attested bank statement copy with all account details. | | | | | | | | | | | | | | | | | | | | | | | | |
| Change or Correction in Name | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Policy Owner | <input type="checkbox"/> Life Assured | First name | | | | | Last name | | | | | | | | | | | | | | | | | |
| Please attach a self-attested copy of the relevant document as proof. | | | | | | | | | | | | | | | | | | | | | | | | |
| Change or Correction in Date of Birth | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Policy Owner | <input type="checkbox"/> Life Assured | | | | | | | | | | | | | | | | | | | | | | | |
| Please attach the self-attested copy of age proof. | | | | | | | | | | | | | | | | | | | | | | | | |
| Declaration and Authorization | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>1. I / we have understood the scope of the Personal Information Update Form and confirm that the above details provided by me/us are true and correct.</p> <p>2. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/we will not hold Life Insurance Corporation (International) B.S.C(c) responsible.</p> <p>3. Changes in the above details are subject to policy terms and conditions and relevant underwriting guidelines.</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | | | | | | | | | | Signature | | | | | Proposer / Policy Owner | | | | | Life Assured | | | | |
| Place | | | | | | | | | | | | | | | | | | | | | | | | |