

The Policy Servicing Department
DHFL Pramerica Life Insurance Company Limited
Policy No.:

Date:

Change in Premium Payment Frequency

I wish to change my premium payment frequency to (Please tick as applicable):

- Quarterly Half Yearly Annually
- Changes would be effective from the next Policy anniversary.

Updation of Bank Details

Change in Bank Name: Branch:
Change in Account No.: Change in MICR Code:

Reason For Change: _____

Note: Please attach a cancelled cheque copy of new bank account along with this request.

Declaration & Authorisation

I/we agree that no request shall be treated as valid and effective unless received by DHFL Pramerica Life Insurance Company Limited (hereinafter referred to as "the Company") during the lifetime of the Life Insured and is finally accepted by the Company. Receipt of this form by a Life Associate/Life Consultant will 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 I/we fully understand the contents of this form and all information has been filled by me/us.

Signature of the Life Insured _____ on Date:

Signature of the Policy holder/Trustee _____ on Date:
(If other than Insured)

Signature of the Assignee _____ on Date:
(in case of Absolute Assignment)

Declaration (in case this form is filled by a person other than the Policy holder or signed in vernacular)

I hereby declare that the contents in this form have been fully explained to me and that whatever is stated herein above has been recorded as per the information provided by me.

Thumb Impression/Signature of the Policy holder/Trustee _____ on Date:

Signature of the Assignee _____ on Date:
(In case of Absolute Assignment of policy)

I hereby declare that I have explained the contents of this form to the Policy holder in _____ language and I have correctly recorded the information provided to me and I further declare that the Policy holder has signed/affixed his/ her thumb impression in my presence.

Signature of the Declarant filling the form

