Aditya Birla Sun Life
Insurance Company Ltd.

ADITYA BIRLA CAPITAL
LIFE INSURANCE

CHANGE REQUEST FORM

Kindly state the Policy number of the Life Insured/Policy Owner in which changes are required.

Policy Number: ☐☐☐☐☐☐☐☐☐☐ (one change request per policy number is required to be filled)

DETAILS OF EXISTING BENEFICIARY AS PER ABSLI RECORDS

Name of Beneficiary: _____

Name of his/her Father: _____

Name of his/her Spouse: _____

Date of Birth: D D M M Y Y Y Y Marital Status: Single ☐ Married ☐ Divorced ☐ Widowed ☐

Residential Status: Indian ☐ Non Resident Indian (NRI*) ☐ Foreign National of Indian Origin (FNIO*) ☐

*Country of Residence: _____ *Nationality: _____

Correspondence Address (India): _____

_____

City (Taluka): _____ State: _____ Pin Code: _____

Contact No.: _____ E-mail ID: _____

CHOOSE THE RELEVANT OPTIONS (AS APPLICABLE)

a. Change of Payment Option from Staggered to Lumpsum ☐
(applicable to beneficiary/Nominee post attaining majority - if claim benefit was chosen as staggered initially)

b. Change of Payment option from Monthly to Annual ☐
(applicable to beneficiary Nominee post attaining majority - under Monthly income plan)

C. Change of beneficiary ☐
(applicable on death of existing beneficiary for staggered income benefits/annuity payments)

Name of Beneficiary: _____

Name of his/her Father: _____

Name of his/her Spouse: _____

Date of Birth: D D M M Y Y Y Y Marital Status: Single ☐ Married ☐ Divorced ☐ Widowed ☐

Residential Status: Indian ☐ Non Resident Indian (NRI*) ☐ Foreign National of Indian Origin (FNIO*) ☐

*Country of Residence: _____ *Nationality: _____

Correspondence Address (India): _____

_____

City (Taluka): _____ State: _____ Pin Code: _____

Contact No.: _____ E-mail ID: _____

KYC Document (photo identification): Driving License ☐ Voter ID ☐ Passport ☐ Pan Card ☐

Others: _____ Photo id proof number: _____

Documents to be submitted - Please carry originals & self-attested photocopy of all the documents

a) Death Certificate of deceased beneficiary ☐
b) Photo ID of New Beneficiary ☐
c) KYC with relationship proof ☐
d) Application to dispense with legal evidence of title ☐
e) NOC from class I legal heirs of deceased ☐
f) Bank Details ☐

CHANGE BANK DETAILS

State reason for change of bank details: _____

Please provide bank details for direct transfer into your account

Bank Name:	
Account Number:	
Accountholder Name:	
Account type:	Savings ☐ Current ☐ NRO* ☐ HUF ☐
Bank Address (Refer cheque book or contact your bank)	
IFSC Code (Refer cheque book or contact your bank)	
MICR Code (Refer cheque book or contact your bank)	

Note: In case of NEFT failure or any further requirement pending on the mandate, payout will be kept on hold till the fresh NEFT mandate is received.
An intimation will be sent to you.

Documents to be submitted - Please carry originals & self-attested photocopy of all the documents

a. New bank passbook / original cancelled cheque

b. Copy of earlier bank account

c. KYC with relationship proof

Declaration:
I/We hereby agree and confirm that the above details provided by me are true and correct. I request you to update the above information in your records.
I/We hereby voluntarily provide my/our consent for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our own Aadhaar number(s) in accordance with the Aadhaar Act, 2016 as amended from time to time (and regulations made thereunder) and PMLA and disclosure of the Aadhaar number for the purpose of updating the same in my/our policies with my/our PAN.
I/We hereby give my consent & authorise ABSLI to communicate with me/us through digital platforms.
(SMS, Email, WhatsApp Audio/Video verification).

Date: D D M M Y Y Y Y Place: _____

Revenue Stamp

Name of new beneficiary: _____ Signature of new beneficiary: _____

Vernacular Declaration:

Declaration to be made by Third Person (preferably family member/friend) where the claimant signs in vernacular or affix a thumb impression or has not filled the form:

I hereby certify that the contents of this form were explained to the claimant in _____ language and have truthfully recorded the answers provided to me. The claimant has affixed his/her impression (as above) in my presence.

Date: D D M M Y Y Y Y

Mobile number: ☐☐☐☐☐☐☐☐☐☐ Email ID: _____

Place: _____ Declarant's Name & Signature: _____

Witness:

(Witness, if not related to the beneficiary, should be an ☐ Advocate ☐ Bank Manager ☐ Doctor ☐ Gazetted Officer ☐ Principal/Head Master of a High School ☐ Head Post Master ☐ Village Sarpanch/Pradhan) (tick whichever applicable)

Witness Name: _____

Relationship with the beneficiary _____ Signature: _____

Contact No.: _____ E-mail id: _____

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