

Fund Switch Form

RELIANCE

Life Insurance

Name of the Policy Holder: _____

Contact No: _____ Policy No: _____

Name of the Plan: _____

(The above fields are mandatory for processing all service requests)

I wish to switch funds in my above mentioned policy as follows

Source Fund (From) (Previous Fund)	% /Amount

Destination Fund (To) (New Fund)	% /Amount

Note:

- One form cannot be used to process transactions for multiple contracts.
- At least one contact no (landline or mobile) of the policy holder is mandatory for processing all servicing requests.
- Switch requests received at the branch up to 3.00 pm from Monday to Friday will be allocated the NAV declared on the same day
Switch requests received after 3.00 pm will be processed on the next working day.
- Switch requests received at branch between Friday (post 3.00 pm) to Sunday will be allocated the NAV of the following Monday/
following working day.
- If the day after the request date is a holiday, the transaction will be allocated as per the NAV declared on the next working day, For
all switch related charges refer policy document.
- Fund switch is a transaction, which changes the existing fund allocation as per the customer request.
- The switch transaction will be applicable only to the existing funds.
- For changing the allocation of future renewal premiums to the same proportion as the fund switch request, Premium redirection also
needs to be effected.
- All future premiums will continue to be invested in the same pre existing proportion as prior to the fund switch request in the absence
of a specific redirection request.
- If a switch is made into the equity fund the capital guarantee shall cease immediately.
- Capital Guarantee cannot be re-established after switching out of equity fund.

Date of Request:

Signature of policy holder: _____

If signature is in vernacular, please complete the following declaration:

I hereby declare that I have fully explained / translated the contents mentioned in the request form to

(Name of policy owner) and I further declare that he/she/they fully
understood the meaning thereof.

Date:

Signature of declarant

(Declarant should not be an employee/ advisor of RLIC)

Name & Address of declarant _____

I hereby confirm that I have been explained the contents in _____ *(Language)* and have understood the same.

Date of Request:

Signature of policy holder

FOR BRANCH USE ONLY

Branch Name: _____

Date:

Time: _____

Reliance Life Insurance Company Limited

IRDA Registration No. 121



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Call us: 3033 8181 or 1800 3000 8181 (Toll Free)



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