RELIANCE NIPPON LIFE INSURANCE

A RELIANCE CAPITAL COMPANY

Premium Redirection Form

Date D D M M Y Y Y Y

Name of the Policyholder FIRST MIDDLE LAST

Contact Number

Policy Number

Name of the Policy

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

Please switch the funds of my above mentioned policy as follows

Source Fund (From) Previous Fund	% Allocation

Destination fund (To) New Fund	% Allocation

Note

• Please use one form for one policy only. You will have to fill separate forms for multiple requests. • Please provide at least one contact no. (landline or mobile) of the policyholder for processing all servicing requests • Premium redirection is a transaction, which changes the allocation of the future premiums (renewal) as per the customer request. • Premium redirection requests received at the branch up to 3.00 pm from Monday to Friday will be allocated the NAV declared on the same day. Premium redirection requests received after 3.00 pm will be processed on the next working day. • Premium redirection requests received at branch between Friday (post 3.00 pm) to Sunday will be allocated the NAV of the following Monday/working day. • In case of cheque payment, premium redirection requests will be processed subject to the realisation of cheque. • Premium redirection transaction will be applicable only to the future funds. To change existing allocation, fund switch needs to be effected. • All existing premiums will continue to be invested in the earlier proportion as held prior to the redirection request, in the absence of a specific fund switch request. • Premium redirection transactions cannot be effected in single premium plans. • * If equity fund is selected then capital guarantee shall cease immediately. Capital Guarantee cannot be re established by switching out of equity fund (Only for applicable Plans)

Signature of the Policyholder

Date D D M M Y Y Y Y

Residential status: Indian ☐ Non Resident Indian (NRI) ☐ Country, if NRI _____

Residence for Tax purposes in Jurisdiction(s) outside India ☐ Yes ☐ No

(If "Yes" then mandatory to fill the FATCA/CRS declaration)

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

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

FIRST LAST

and I further declare that he/she/they fully understood the meaning there of.

Signature of the Declarant

(Declarant should not be an employee/advisor of Reliance Nippon Life Insurance)

Date D D M M Y Y Y Y

Name & Address of the Declarant FIRST LAST

Correspondence Address/ Usual place of residence FIRST LAST FLAT NO.

BUILDING ROAD NAME / NO.

LANDMARK 1

DISTRICT / TALUKA LANDMARK 2

CITY / VILLAGE STATE Pincode

STD ISD Code LANDLINE MOBILE 1 EMAIL ADDRESS

I hereby confirm that I have been explained the content in ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (Language) and have understood the same.

Signature of the Policyholder

Date D D M M Y Y Y Y

For Branch use

Branch Name:

Date D D M M Y Y Y Y Time:

Reliance Nippon Life Insurance Company Limited. IRDAI Registration No: 121. Registered Office: H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai, Maharashtra 400710. For more information or any grievance, 1. Call us between 9am to 6pm, Monday to Saturday on our Toll Free Number 1800 102 1010 or 2. Visit us at www.reliancenipponlife.com or 3. Email us at: rnlife.customerservice@relianceada.com. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited & Nippon Life Insurance Company and used by Reliance Nippon Life Insurance Company Limited under license.

Beware of Spurious / Fraud Phone calls: IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

CIN: U66010MH2001PLC167089

Premium Direction Form/Version1.5/Nov 2018