# Fund Switch Form

Policy No. ____________

Date D D M M Y Y Y Y

Name of the Policyholder F I R S T ... L A S T

Contact Number ____________

Name of the Policy ____________

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

I wish to switch the funds of my above mentioned policy as follows

| Source Fund (From) Previous Fund | % Allocation |
|---|---|
| | |
| | |
| | |
| | |
| | |

| Destination fund (To) New Fund | % Allocation |
|---|---|
| | |
| | |
| | |
| | |
| | |

**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

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 (If "Yes" then mandatory to fill the FATCA/CRS declaration) ☐ Yes ☐ No

**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 Fund switch form to

F I R S T ... L A S T

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 F I R S T ... L A S T

Correspondence Address/ Usual place of residence F I R S T ... L A S T ... F L A T N O.

B U I L D I N G ... R O A D N A M E / N O.

L A N D M A R K 1

D I S T R I C T / T A L U K A ... L A N D M A R K 2

C I T Y / V I L L A G E ... S T A T E ... Pincode

STD ISD Code L A N D L I N E ... M O B I L E 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: ____________

Fund Switch Form/Version 1.5/Nov 2018

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.

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CIN: U66010MH2001PLC167089