

Top-Up Form																	Dat	e		D	M	M	Υ	Υ	Υ	Υ			
Dear Sir/Madam,																													
Name of the Policy Holder	me of the Policy Holder FIRST MIDDLE																							L	Α	S	Т		
Contact Number					ĺ															Ī									İ
Policy (Contract Number)																					1								Ī
Name of the Plan																													
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)  The last of fill the file of t																													
I would like to pay an additio	(The above fields are mandatory for processing all service i																ques 	) 										1	
drawn on Bank for Rs. (in figur	vould like to pay an additional Top-up amount paid by cash/cheque/DD number																									(In v	Vord	_  	
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<b>Or</b> Different from current allocat	ion ac	india	catod	in the	s tabl	a hali	214/																						
Please mention your plan in							JVV																						
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Fund Name																	iop-op rona Anocunon												

100 %



## For Branch Use:

- Adherence to AML & KYC guidelines is mandatory for processing Top-up transaction
- For Min. and Max. Top-up Premium limit, please refer Policy Document
- If the Top-up Premium exceeds Rs. 10,000/-, please affix a photograph here if not provided earlier
- If the Top-up Premium exceeds Rs. 10,000/ please submit an address proof and identity proof if not submitted earlier
- If the Top-up Premium is equal to or more than Rs. 3,00,000/-, please submit an income proof if not submitted earlier

## Terms & Conditions:

- Top-up Requests will be processed as per underwriting approved date and will be allocated the NAV on the same day
- Top-up requests will be process subject to underwriting. NAV will be allocated as per date of underwriting or next working day
- Top-up premiums shall be accepted only where the regular premiums due are paid up to date
- Top-up requests cannot be processed in case the policy is lapsed/surrendered/paid up
- Any increase/decrease in sum assured, or any plan change, is subject to underwriting decisions
- One form can be used for one request only. Separate forms should be filled for multiple requests

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 Top-up form to 

Time

## Declaration:

• I confirm that the Premium paid above is derived out of legitimate sources of funds	
Signature of Policy Holder	Date D D M M Y Y

and	and I further declare that he/she/they fully understood the meaning there of.																																		
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I hereby confirm that I have been explained the content in																							(Language) and have understood the sar									ıme.			
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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.

For Branch Use Only

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.

Branch Name

Signature of the Policyholder