

Premium Redirection Form

Date DDMMYY

Name of the Policyholder, 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

Table with 2 columns: Source Fund (From) Previous Fund, % Allocation

Table with 2 columns: 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...

Signature of the Policyholder

Date DDMMYY

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)

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

Signature area with grid

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

Signature of the Declarant

Date DDMMYY

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

Name & Address of the Declarant

Correspondence Address/ Usual place of residence grid

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

Signature of the Policyholder

Date DDMMYY

For Branch use

Branch Name:

Date Time:

Reliance Nippon Life Insurance Company Limited. IRDAI Registration No: 121. Registered Office: Reliance Centre, 5th floor, Off Western Express Highway, Santacruz East, Mumbai, Mumbai-City District, Maharashtra-400055.

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