RELIANCE NIPPON LIFE INSURANCE

A RELIANCE CAPITAL COMPANY

Top-Up Form

Date D D M M Y Y Y Y

Dear Sir/Madam,

Name of the Policy Holder FIRST MIDDLE LAST

Contact Number

Policy (Contract Number)

Name of the Plan

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)

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

I would like to pay an additional Top-up amount paid by cash/cheque/DD number

drawn on Bank for Rs. (in figures) (In words)

in my above mentioned policy to be invested in funds as per my existing fund allocation.

Or

Different from current allocation, as indicated in the table below

Please mention your plan in which you wish to effect Top-up

Fund Name	Top-Up Fund Allocation

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

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 Y Y

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

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 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 Only

Branch Name

Date D D M M Y Y Y Y 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. 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

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