Fund Switch Form

Policy No. | | | | | | | | |

Date D D M M Y Y Y Y

Name of the Policyholder F I R S T M I D D L E L A S T

Contact Number

Policy Name

(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 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 Fund Switch Form to:

F I R S T M I D D L E 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 Co. Ltd.)

Date D D M M Y Y Y Y

Name & Address of the Declarant F I R S T M I D D L E 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 Pin Code

STD ISD Code L A N D L I N E M O B I L E 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 & Corporate Office: Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai - 400051. India. T +91 22 6896 5000. 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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