

Premium Redire	ecti	ior	ı Fo	orn	n															ı	Date	D	D	$\wedge \wedge$	M	Υ	Υ	Υ	Υ
Name of the Policyholder		F		R	S	Т					M		D	D	L	Е									L	А	S	Т	
Contact Number																													
Policy Number																													
Name of the Policy																													
								e fiel	ds are	e mai	ndata	ory fo	r proc	essin	g all	servic	e req	uests	s)										
Please switch the funds of my above mentioned policy as follow Source Fund (From) Previous Fund																				O/ All +									
Source Fund (Froi	m) Pr	evioi	us Fur	nd				% Allocation						Destination fund (To) New Fund										%	Allo	cation	1		
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Note																											—		
Please use one form for one policy requests • Premium redirection is a pm from Monday to Friday will be a requests received at branch betwee processed subject to the realisation premiums will continue to be investe in single premium plans. • * If equity	transollocate n Frid of che	actioned the lay (p eque the ec	n, which e NAV ost 3.0 . • Pres arlier p	ch cho decla 00 pm mium oropor	red or red or) to Su redire	the alle the se nday ection to s held	ocatio ame o will be transo prior	on of the day. Presented allocation was sto the	ne futu emiur ated tl will be redire	re pre n redin he NA' applin ction r	emium rection V of the cable reques	ns (ren n requ ne follo only to st, in t	ewal) lests re lests	as per eceive Mond uture f ence	r the c d after ay/wo funds. of a sp	ustom r 3.00 orking . To ch pecific	pm w day. • ange o	juest. ill be j In ca existir switch	• Prenoroces se of cong allow reque	nium sed o chequ cation est. •	redire on the e payi n, fund Premi	ction r next w ment, switcl um rea	eques orking premi h need direction	ts rece g day. um re ds to b	eived of Prer directions effe effe effe	at the mium on rec cted. • ons ca	branch redired quests • All ex unnot b	h up to ction will be xisting be effe	e a sected
Signature of the Policyhol	der		-																		Date	D	D	۸۸	۸۸		Y		
Residential status: Indian Non Resident Indian (NRI) Country, if NRI																													
Residence for Tax purposes: Is J	urisd	ictio	n(s) o	utside	e Indi	a?	Yes	. [No																				
(If Yes, then mandatory to fill the																										_		_	_
If the signature is in vernacu													Da	dina ati	f.	4.													
I hereby declare that I have fully	exp	idine	azıra	insiai	ea in	e con	ienis	men	lione		ie Pr	emio	m ked	IIrecii	ion ic			т											
and I further declare that he/sh	e/the	ov ful	lly un	derst	ood tl	ne me	eanin	a the	re of						_	A													
and Hormor decidie marrie, sin	C/ 1110	, io	, 011	40101	00411	10 111	Jan	ig ii ic	10 01.																				
Signature of the Declarant			-																	ı	Date	D	D	M	$\wedge \wedge$	Υ	Υ	Υ	Υ
(Declarant should not be an em	ploy	ee/a	idviso	r of R	Relian	ce Ni	ppon	Life I	nsuro	ince)																			
Name & Address of the Declarant		F		R	S	Τ					Μ		D	D	L	E									L	А	S	Т	
Correspondence Address/ Usua	al pla	ce of	f resic	dence		F		R	S	Τ							L	А	S	Τ			F	L	А	T		N	0.
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I hereby confirm that I have been explained the content in											ne sa	me.																	
Signature of the Policyholder																					Date	D	D	M	M	Y	Y	Y	Y
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Branch Name:																													
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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.

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Customer Acknowledgment											
We acknowledge your request for Premium Redirection for your Reliance Nippon Life Insurance policy No. on: D D M M Y Y Y Y Your Service Request Number is											
Signature		Branch Stam	ip								
Name of the CCE:	F I R S T	M I D D L E				L A S T					

Kindly note that you can check the status of your Service request any time at https://customer reliancenipponlife.com/customer/ or call our toll free number 1800-102-1010 between 9 am to 6 pm, Monday to Saturday

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