

Top-Up Form

																					1	Date	D	D	M	\wedge	Υ	Υ	Υ	Υ
Dear Sir/Madam,																														
Name of the Policy Holder		F		R	S	Т						M		D	D		F										Δ	S	Т	
Contact Number			_																											
Policy (Contract Number)																														
Name of the Plan																														
] []] [
Residential status: Indian								ounti	y, if N	NRI _								_												
Residence for Tax purpose									Yes		No																			
(If Yes, then mandatory to	till the	FATC	CA/C	CRS de	eclar	ation))																							
							(Th	e abo	ove fi	elds (are m	ando	atory 1	for pr	ocess	sing o	ıll ser	vice r	eque	sts)										
I would like to pay an add	litional	Тор-	up a	amoui	nt pa	id by	cash	/chec	ue/D	D nu	ımbeı																			
drawn on Bank for Rs. (in fig	gures)																											(In w	ords)	
in my above mentioned p	olicy to	be i	inve	sted i	n fun	nds as	s per	my ex	kistin	g fun	d allo	catio	n.																	
Or																														
Different from current allo	cation	, as i	ndic	ated i	in the	e tabl	e belo	OW																						
Please mention your plan	in whi	ich yo	ou w	ish to	effe	ect the	е Тор-	up																						
Fund Name																			То	p-Up	Func	Alloc	ation	1						
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Total																			10	0 %										



For Branc	h Us	e:																																		
1. Adhere	nce t	ο ΑΛ	۸L & K	YC, I	nco	me pı	roo	of (WI	her	rever	req	uired	d) is n	nand	atory	for p	roces	sing	Тор-	up 1	trans	sacti	on													
2. For Mir	n. and	d Mo	х. Тор	-up l	Prer	nium	lim	nit, pl	lea	ıse re	efer	Polic	y Doo	cume	nt																					
Terms & 0	Cond	ition	S:																																	
1. Top-up	Requ	uests	will b	e pro	ces	sed c	ıs p	per u	ınd	lerwr	iting	g poli	cy of	the o	comp	any																				
2. Top-up	pre	miur	ns sho	ıll be	aco	epte	d o	nly v	vhe	ere th	ne re	egulo	ar pre	emiur	ns du	je are	e paic	l up t	to da	te																
3. Top-up	req	uest	s cann	ot be	e pr	ocess	ed	in c	ase	e the	pol	icy is	laps	ed/sı	urren	dered	d/paid	qu b																		
4. Any in	crea	se/d	ecreas	e in	sun	n assı	Jre	d, or	r ar	ny plo	an c	han	ge, is	subj	ect to	und	erwrit	ing c	decisi	ons	5															
5. One fo	orm c	an b	e use	d for	one	requ	ies	t only	y. S	Separ	rate	form	ns sh	ould l	be fill	ed fo	r mul	tiple	requ	ests	S															
Declaration	on:																																			
1. I confirm		ıt the	Prem	ium	paid	d abo	ve	is de	eriv	ed o	ut o	f legi	timat	le sou	urces	of fu	nds																			
Si	gnat	ure c	of Polic	у Но	lde	r		-																				Date	D	D	$\wedge \wedge$	$\wedge\wedge$	Υ	Υ	Υ	Y
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If the si	ignat	ure	is in v	erna	cul	ar lan	ıgu	ıage	, p	leas	е сс	mpl	ete t	he fo	llowi	ng d	eclar	ation	1																	
I hereby o	decla	re th	at I ha	ve fu	lly e	explai	ne	d/tro	ans	lated	the	e con	tents	men	ntione	ed in t	he To	p-up	forn	n to																
F		R	S	Т																		L	А	S	Т											
and I furt	ner d	ecla	e that	he/s	she	—□ ⁄they	full	ly un	de	rstoc	d th	ne m	eanir	ng the	ere of	· .																J				
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Correspo	nden	ce A	ddress	/ Us	ual	place	of	resid	der	ıce		F		R	S	Т				ļL	_ _			L	А	S	Т			F	L	А	T		N	(
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Sianaturo	of tho	Policyholder	
olghalure	or me	PolicyHolder	

I hereby confirm that I have been explained the content in

Date D D M M Y Y Y

(Language) and have understood the same.

Pin Code

									- For B	Branch	Use Or	nly -															
Branch Name																											
Date D D	M M	Υ	YY	Y	Time									_										_			
Reliance Nippon	Life Incur	anco C	`omnany l	imitoc	IPDAI Poc	ietratio	on No. 121	Pogieto	rod 8. Co	rporato	Office: U	nit Na	ns 40°	IR 402	103 S.	404	Ath Eld	oor In	enire	BKC (3 Blo	ck BK	C Mair	Poc	nd Bai	odra Kı	urla
Complex, Bandra - 1800 102 1010 or	East, Mum	nbai - 4	00051. Indi	ia.T+9	122 6896 5	000. Fo	or more info	rmatio	n or any g	rievance	e, 1. Call u	ıs bet	ween	9 am to	6 pm, l	Mon	day to S	Saturd	lay (e	xcept p	ublic	holide	ays) on	our 1	Toll-Fre	e Num	ber
belongs to Anil Dh	irubhai An	nbani V	/entures Pr	ivate Li	imited & Nip	pon Li	fe Insurance	e Comp	any and i	used by I	Reliance	Nipp	on Life	Insurar	ice Cor	npa	ny Limit	ed un	derli	cense.							_
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We acknowledge	e the rece	eipt of	the Top-U	p Forn	n for your	Relian							<u></u>		\perp	<u>_</u>				1							
on: D D	\wedge	Y	YY	,			Your Serv	vice Re	equest N	umber	is																
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Signatu	ıre									Br	anch St	amp)														

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

Name of the CCE: