RELIANCE

NIPPON LIFE INSURANCE

A RELIANCE CAPITAL COMPANY

Top up, Fund Switch and Premium Redirection 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 ☐☐☐☐☐☐☐☐☐☐ (The above fields are mandatory for processing all service requests)

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)

☐ **Fund Switch** ☐ **Fund Switch with premium Redirection**

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

☐ **Premium redirection**

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

☐ **Top up**

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

Fund Name	Top-Up Fund Allocation
Total Amount	**Rs.**

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

MKTG/MID/Fund Switch Form/Version 4/August 2024

CIN: U66010MH2001PLC167089

1. Top-up Requests will be processed as per underwriting policy of the company
2. Top-up premiums shall be accepted only where the regular premiums due are paid up to date
3. Top-up requests cannot be processed in case the policy is lapsed/surrendered/paid up
4. Any increase/decrease in sum assured, or any plan change, is subject to underwriting decisions
5. One form can be used for one request only. Separate forms should be filled for multiple requests

For Branch Use

6. Adherence to AML & KYC, Income proof (wherever required) is mandatory for processing Top-up transaction
7. For Min. and Max. Top-Up Premium Limit, please refer Policy Document

Declaration: I have read all the relevant policy provisions before making this application and having understood them and their consequences. I further confirm that the premium paid above is derived out of legitimate sources of funds. I understand and agree that all the instructions are authorised by me through this form are made under my consent and are not provided under any duress or compulsion, and Reliance Nippon Life has agreed to carry out the same on my behalf. I undertake not to raise any action or claim whatsoever against Reliance Nippon Life for any reasons thereto.

Signature of the Policyholder

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, Fund Switch and Premium Redirection Form to:

FIRST MIDDLE 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 _____

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

MKTG/MID/Fund Switch Form/Version 4/August 2024

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 8 am to 8 pm, Monday to Saturday (except public holidays) on our Toll-Free Number - 1800 102 1010 or 2. Visit us at www.reliancenipponlife.com 3. Email us at: rnlife.customerservice@relianceada.com. 4. Chat with us on our WhatsApp number (+91) 7208852700. 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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