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CHANGE OF POLICY OWNER

Any alterations/corrections made in the form need to be duly signed by the policy owner. Please use a separate request form for each policy.

Policy Number	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name in Full of the Life Insured:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Title	First Name	Middle Name	Surname					
Life Insured is a PEP* (Politically Exposed Person) :	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No					
Name in Full of the Policy Owner:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Title	First Name	Middle Name	Surname					

Details of New Policy Owner

Name in Full of the Policy Owner:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Title	First Name	Middle Name	Surname					
Policy Owner is a PEP* (Politically Exposed Person) :	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No					
Current Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (O) No.	STD	code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (R) No.	STD	code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PEP : "Individuals who are or have been entrusted with prominent public functions, for example Heads of State or government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations and important political party officials. Business relationships with family members or close associates of PEPs involving reputation risk is similar to those with PEPs themselves"

For Branch Use Only

Received ☐ Original policy document ☐ Request for change in Policy Owner On ____/____/____ Date at ____ am/pm

BSLI Staff's Name and Signature: _____ Inward Reg. Sr. No.: _____

Branch
Stamp

Birla Sun Life Insurance Company Limited

Regn. No.: 109. Regd. Office: One Indiabulls Centre, Tower 1, 15th and 16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road Mumbai - 400013.
Contact us: 1-800-270-7000 (Toll Free). www.birlasunlife.com Insurance is the subject matter of the solicitation.

Please collect stamped, signed and duly filled acknowledgment slip, which you can refer to for all your communication in regard to this request.



Acknowledgement Slip

Received a request for change in Policy Owner against Policy / Application No. :

Date

Stamp / Seal of the Branch

Birla Sun Life Insurance Company Limited

Regn. No. 109, Regd. Office: One Indiabulls Centre, Tower 1, 15th and 16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road Mumbai - 400013. Contact us: 1-800-270-7000 (Toll Free)
www.birlasunlife.com Insurance is the subject matter of the solicitation.

Note: Please produce this acknowledgement slip for any communication with regard to this request in future