bharti AXA

jeevan suraksha ka naya nazariya

Policy Number:

Service Request form

FOR OFFICE USE ONLY	
Received Date:	

Important Note:
1. Kindly fill details in BLOCK LETTERS only.
2. This form should be filled up by the plan owner or the assignee.

1. Update my Address and Contact details

Address:

City State Pin Code

Landline No. (Residence): 0 –

*Mobile No.: (Mandatory) 0 –

Email ID:

All communications will be on the e-mail id mentioned above (if available). The mode of communication from and to the company would include electronic mode like sms, email etc.
Please tick 'Physical copy' if you want to receive communication in electronic form as well as physical copy Physical Copy ☐

2. Update my personal details

☐ Policy owner
☐ Correct Name
☐ PAN Card:

☐ Life assured
☐ Correct Name
☐ PAN Card:

3. Update my payment frequency/payment mode

☐ Change of Premium payment frequency

☐ New frequency ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly *

☐ New Payment Mode

☐ New payment mode ☐ Cash/Cheque ☐ ECS ☐ Credit Card ☐ direct debit ☐ ACH

Note:
What I need to know while updating my payment frequency /payment mode?
- Electronic Clearing service (ECS) & Credit Card facility is available across all frequencies of premium payment
- ECS or Credit Card facility is mandatory for monthly and quarterly mode of payment
- For availing these facilities, an ECS mandate form with a cancelled cheque, or Credit Card authorization form with photocopies of frontside of the credit card will be required. You can download the forms from our website www.bharti-axalife.com
- Mode change is applicable as per policy terms and conditions
- This is applicable only during policy anniversary
- For unit linked product, if the request is received and accepted at the company's office before 3 p.m., NAV declared on same date will be applicable and if request is submitted and accepted at company's office after 3 p.m, the next working day's NAV declared will be applicable

4. My bank details for future payouts

Full Name of the Policyholder/
Bank Account Holder: First Name Middle Name Last Name

IFSC:

Bank Name:

Bank Account Number:

Account Type: ☐ Saving Account ☐ Current Account

*9 digit MICR code of the bank and branch appearing on the cheque issued by the bank. Submit a blank cancelled cheque along with the form. If cancelled cheque is non-personalised please submit latest bank statement / pass book copy

5. Update my Nominee details

I, First Name Middle Name Last Name (the policyholder)

nominate the following person(s) as my nominee(s) to be the person(s) who will receive the money secured by the above policy in the event of my death.

	Nominee 1	Nominee 2	Nominee 3
Name			
Date of Birth			
Relationship to the Life Insured			
Beneficiary Percentage			

In case of a minor nominee, please fill the following additional information:

I hereby appoint Mr/Mrs/Ms First Name Middle Name Last Name

as the Appointee to receive the money secured by the policy in the event of my death during the minority of the nominee.

I accept

Thumb Impression /
Signature of the Policyholder →

Signature of Appointee →

Place: _____

Relationship to the Nominee: _____

What I need to know while recording my nominee details?

INSTRUCTIONS / NOTICES:

1. Any new nominations shall automatically cancel all previous nominations made in the policy, except where the policy is assigned to Bharti AXA Life Insurance Company Limited, in which case the nominees' right shall be affected to the extent of Bharti AXA Life Insurance Company Limited's interest in the policy.
2. This nomination shall not be effected unless it is communicated to and registered by Bharti AXA Life Insurance Company Limited.
3. The Company expresses no opinion as to the validity of the nomination.
4. The witness must be a person competent to contract.
5. Beneficiary Percentage should add to 100%.
6. In case of transfer/assignment of a policy, whether wholly or in part, in consideration of a loan advanced by the transferee or assignee to the policyholder, shall not cancel the nomination but shall affect the rights of the nominee only to the extent of the interest of the transferee or assignee, as the case may be, in the policy.

6. My other Signatures

Please use my signatures below to validate any future request and communication.

Specimen signatures

Specimen 1

Specimen 2

Specimen 3

Specimen 4

Declarations and Agreement

I understand and agree that:

- I/We would be required to comply with additional terms on the basis of the aforesaid change/s
- The aforesaid change/s would be effective only when notified to be accepted by Bharti AXA Life Insurance Company Limited
- I/we agree that the Company may provide/transfer/retain any information available with the Company related to me/us, obtained in connection with processing of my proposal or the policy and servicing thereof to any reinsurers, insurance association, medical registrar, statutory authorities/bodies or services providers engaged by the Company for policy servicing related activities without any further reference to me/us
- I/we agree that the Company may share my/our information with other insurers for the underwriting and claims settlement purposes
- I/we understand that i/we have an option to review and correct the information already provided or not to provide the data or information sought, also, at any time while availing the services or otherwise, i/we have an option to withdraw my/our consent for sharing of data given earlier, such withdrawal of the consent should be sent in writing to the Company. In the case i/we do not provide or later on withdraw my/our consent, the Company shall have the option not to provide me/us the services

Name of Policyholder/Assignee	Signature	Signature date

Are you a US Citizen or US tax resident ☐ Yes ☐ No If Yes, Please provide TIN: _____

Vernacular Declaration

Declaration by person filling form:

I have explained the contents of this form to the Policyholder_____ in anguage and I have correctly recorded the answer provided to me. I further declare that the policyholder has signed/affixed his/her thumb impression in my presence.

Declarant's Name: First Name Middle Name Last Name

Declarant's Address:

City State Pin Code

Declarant's Signature: Date: D D M M Y Y Y Y Place:_____

*"The person giving this declaration can be any person other than Introducing Advisor or MOA or MOM"

DECLARATION* IN CASE THIS POLICY SERVICE REQUEST FORM IS FILLED BY A PERSON OTHER THAN THE POLICYHOLDER OR SIGNED IN VERNACULAR LANGUAGE:

Declaration by Policyholder:

I hereby declare that the contents in the form have been fully explained to me and I declare that whatever is stated hereinabove has been recorded as per the information provided by me.

Thumb impression/Signature of Policyholder