

Registered Office: 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070.

[illegible]

New Owner's Correspondence Address																																									
New Address:																																									
City / District:											State:						Pin Code:																								
<i>(Provide any of the following Address proofs along with this form)</i>																																									
<input type="checkbox"/>	Electricity Bill*					<input type="checkbox"/>	Telephone Bill*					<input type="checkbox"/>	Passport					<input type="checkbox"/>	Bank Statement*					<input type="checkbox"/>	Ration Card					<input type="checkbox"/>	Voter's Card					<input type="checkbox"/>	Driving License				
<input type="checkbox"/>	Others _____ <i>[* Utility bills which are not more than two (2) months old of any service provider (Electricity, Telephone bill, etc.). Current passbook with details of permanent/present residence address (updated upto the previous month) or Current Bank account statement with details of permanent/present residence address as downloaded]</i>																																								

Details for CKYC

Aadhaar number

Aadhaar Enrolment receipt no. (applicable only if Aadhaar Number not available)

PAN No.

Mother's Maiden name

Updation of Bank Account Details	
Bank Name	
Branch Name	Branch Address
Account Holder's Name	
Account No.	IFSC
MICR	

• Note all policy payouts will be made to the above account
 • Update the company in case there is any change in your bank account details.
 Account Proof accepted: Cancelled Cheque / Bank Pass Book / Bank Statement

TAX RESIDENCE DECLARATION : (tick any one, as applicable to you)☐ I am a tax resident of India and not of any other country

OR

☐ I am tax resident of country/ies other than India mentioned separately in FATCA / CRS Annexure*

* If you are tax resident of another country then please fill in the FATCA/CRS form annexed

Change in Nomination / Appointee**Endorsement:**

- Form to be filled by the Policy Holder. On registering the new nominee, earlier Nomination if any will be automatically cancelled.
- If Nominee is a minor, an Appointee details shall be mentioned below. The Appointee is authorised to receive the claim benefits on event of death of the Life Assured while the Nominee is a minor.
- If Policy Holder and the Life Assured are two different persons, nomination cannot be effected.
- On Assignment of the Policy, the Nomination would automatically stand cancelled.
- The company expresses no opinion as to the validity of the nomination.

I, _____ as the Policy Holder under the above policy nominate following person(s), to whom the money secured by the policy shall be paid in event of my death.

Name	Date of Birth	Relationship	Communication Address

Appointee Details (In case Nominee is a minor)Name of the Appointee: _____ Date of Birth:

Address: _____

Pin Code: _____ Tel. No.: _____

Relationship with Nominee: _____

Witness Name: _____

Witness Address: _____

Witness Signature: _____

Date:

Place: _____

Signature of the Appointee

I, _____ daughter/son of _____ am the Life Assured under the Application/Policy bearing number _____. I understand that as per the automatic vesting feature in the Policy, I shall be recognized as the Policyholder with effect from _____.

I have provided my specimen signatures, the same may be updated against the above mentioned Insurance Policy.

Signature of the New Policyholder

I declare that I am the original Policyholder under the Policy number mentioned above and that there is no change in the details already provided to the Company. Also, I shall continue to pay the future premium under the policy as new policyholder is unable to pay the same, for the reason _____

(Note: In cases where there is a change in details of the Original policyholder, who wishes to continue as pay or OR Payor is different from original policyholder than a separate Payor questionnaire is to be filed), the premium receipt will be in the name of new owner.

Signature of the original Policyholder**Acknowledgement Slip**Received a request for Addition/Change of Nomination for policy no.: _____ on at _____ a.m./p.m.

Office:
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 Toll Free : 1800 212 1212 | Fax No.: +91 22 7100 4133
 www.edelweisslife.in

Stamp/ Seal of the Branch