

Addition of Rider

Total Premium	Choice of Rider (Sum Assured in ₹)					
	Critical Illness (CI)	Accidental Death Benefit (ADB)	Accidental Total and Permanent Disability (ATPD)	Hospital Cash Benefit	Payor Waiver Benefit*	Waiver of Premium
						<input type="checkbox"/> Y <input type="checkbox"/> N

* Payor Waiver Benefit Rider: On Death On CI or ATPD On Death, CI or ATPD
(Applicable only when Life Insured and Proposer are different)

 Top-Up Premium

A. Fill the fund allocation of your Top-up premium

Name of the Fund	Amount (₹)
Equity Large Cap Fund (SFIN:ULIF00118/08/11EQLARGECAP147)	
Equity Top 250 Fund (SFIN:ULIF0027/07/11EQTOP250147)	
Bond Fund (SFIN:ULIF00317/08/11BONDFUND147)	
Money Market Fund (SFIN:ULIF00425/08/11MONEYMARKET147)	
PE Based Fund (SFIN:ULIF00526/08/11PEBASED147)	
Managed Fund (SFIN:ULIF00618/08/11MANAGED147)	
Equity Blue Chip Fund (SFIN: ULIF01226/11/18ETLBUCHIP147)	
GILT Fund (SFIN: ULIF01326/11/18ETLGILTFND147)	
Long Term Bond Fund (SFIN: ULIF01426/06/20ETLLNGTERM147)	
Small Cap Fund (SFIN: ULIF01523/12/24SMALLCAP147)	
TOTAL	

B. Top-Up Amount: Minimum Maximum

- Top-Up premium is subject to terms and conditions of the policy.
- It is mandatory to submit duly filled Certificate of Insurability & same will be subject to underwriting norms.
- Income Proof if the Top-Up amount is more than ₹ 100,000/-.

 Change in Premium Payment Method / Billing Frequency

Premium payment Method: Direct Bill ECS CC Standing Instruction
(ECS Mandate & Cancelled cheque would be required if opted for ECS) (CCSI Form & Front Copy of Credit Card would be required, if opted for CCSI)
Billing Frequency Required: Annual Semi Annual Quarterly Monthly

 Changes in Sum Assured Increase DecreaseFrom ₹ : Required ₹ : **Note :** Change in sum assured is subject to terms and condition of the policy or evidence of insurability in accordance with company under writing guidelines.**DECLARATION:** Upon signing the request above, I, the Policy Holder hereby declare that all the information given above is true and correct and I agree to all the terms and conditions.

For Branch Office Use	Date and Time Stamp	
Service Request No.: _____		<input type="text"/> Signature of the Policy Holder Date: <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"/> Place: _____
Branch Name: _____		
Staff Name: _____		
Staff Sign: _____		
Place: _____		

*KYC document to be collected as per Service Request

Vernacular Declaration (To be filled if the Customer has signed in language other than English / Affixed Thumb Impression)

I hereby declare that I have explained the contents of the payout form to the Policyholder Mr. / Mrs. / Ms. in their language and that the Policyholder has affixed the thumb impression / signed in a language other than English in my presence after fully understanding the contents thereof. I further declare that I am not related to the Company in any manner, whatsoever.

Name and Signature of the Declarant

Acknowledgement SlipReceived a request for _____ for policy no.: _____ on at _____ a.m./p.m.

Registered Office:
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Stamp/ Seal of the Branch