IndiaFirst LIFE INSURANCE

A Joint Venture of Bank of Baroda, Legal & General, Andhra Bank

Fund Switch/Premium Redirection Form

Policy No: ____________ Date : D D M M Y Y Y Y

Policy Holder Name: Mr ☐ Miss ☐ Mrs ☐ FIRST MIDDLE LAST

Mobile No: ____________ Resident No: ____________ Office No: ____________

Email: ____________

Is Policy Assigned ? (Mandatory) ☐ Yes* ☐ No *if Yes, request should be signed by the Assignee

Contact details mentioned above will be updated in our records for further communication

☐ **Fund Switch** ☐ **Premium Redirection**

I hereby request you to kindly effect the above mentioned requests (Fund Switch/Premium) in respect of my policy

Switch From		Switch To	
Fund Name	Percentage(%)	Fund Name	Percentage(%)
		Total	100%

Total of percentage in 'TO' column must be 100%

Fund Name	Percentage(%)
Total	100 (%)

Total of Percentage (%) column must be 100%

✓ Portfolio Strategy Transfer (Applicable for IndiaFirst Wealth Maximizer Plan only) Please ✓ wherever applicable

Strategy Name : Automatic Trigger Based ☐ Fund Transfer ☐ Age Based ☐

Instruction:

- The minimum switch amount is ₹ 5000.
- To bring a switch into effect, the required number of units will be withdrawn from one fund at the applicable fund value of that fund, and new units will be created in the desired fund(s) at the applicable unit value.
- Fund Switch request application received up to 3:00 p.m. on a Business day, the same day's unit value will be applicable. If requests received after Friday 3 pm to Sunday/Non Business day, NAV of the following Monday/ working day will be applicable.
- A fund switch is not allowed for lapsed policy.

Guidelines for filling the form:

- Please ensure that allocation of future premium totals to 100% and would be effective from next premium paid or due date, whichever is later.
- Please note that in case your Policy has been assigned, the Premium - Redirection /Fund switch request would be accepted only if the consent from the Assignee of the Policy is received.
- Redirection is not applicable in single premium plans
- Under Investment Portfolio Strategy Transfer option you can opt to change the Selected Strategy option (**Automatic Trigger Based**, **Fund Transfer or Age Based**) before the Plan Commencement Date or at any policy anniversary.

Declaration by Policyholder

Signature/Thumb Impression of Policyholder

Name/Signature (Rubber stamp for corporate) of Assignee for Assigned Policy

Vernacular Declaration (to be filled if the policyholder is illiterate/signed in a Vernacular language) :

I hereby state that I have explained the contents of this form to the policyholder in ____________ language, that the policyholder has signed/affixed thumb impression in my presence, after fully understanding the contents thereof.

Name & Signature of Branch Official with stamp

Name and Signature of Witness

Place

For Official Purpose :

Name & Signature of Branch Official

Branch Code/Location

Request Date

Request Time