POLICY CORRECTION FORM

SBI Life INSURANCE
With Us, You're Sure

To,
The Manager - Operations,
SBI Life Insurance Co. Ltd.
_____
_____

Policy No: ☐☐☐☐☐☐☐☐☐☐☐ Customer ID: ☐☐☐☐☐☐☐☐☐☐

Name of the Policyholder: Mr./Mrs./Ms.

Kindly amend my policy details with the below changes.

1. Address (☐ Correspondence / ☐ Permanent – *please tick in the appropriate box*)

Correspondence		
		P I N -
Permanent		
		P I N -

Tel: (R) ☐☐☐☐☐-☐☐☐☐☐☐☐☐ Mobile No. ☐☐☐☐☐☐☐☐☐☐

(O) ☐☐☐☐☐- ☐☐☐☐☐☐☐☐ Email – id: _____

*(Kindly attach any one of the self attested address proof *Ration Card *latest Electricity Bill*latest Telephone Bill*Recent Bank A/c Statement with address*Valid Lease Agreement not more than 3 months old* Employer Certificate* Letter from recognized Public Authority)*

2. Change / Correction in Name (☐ *Policy Holder* / ☐ *Life Assured*/ ☐ *Nominee*/ ☐ *Appointee*/ ☐ *Life Beneficiary*)

*(Kindly attach any one of the self attested proof such as*Marriage certificate*Gazette copy attested by Gazetted Officer or SBI Life Official)*

3. Change in Mode (Kindly change my payment frequency to : *(Please tick as applicable)*

☐ *Yearly* ☐ *Half Yearly* ☐ *Quarterly* ☐ *Monthly*

Please furnish the latest payment details (if any)

Cheque / DD No	Cheque / DD Date	Amount (Rs.)

4. Correction in DOB (DD/MM/YYYY): (☐ *Policy Holder* / ☐ *Life Assured*/ ☐ *Nominee*/ ☐ *Appointee*/ ☐ *Life Beneficiary*)

. From ☐☐-☐☐-☐☐☐☐ to ☐☐-☐☐-☐☐☐☐

*(Kindly attach any one of the self attested age proof such as *School Leaving Certificate* PAN card*Driving License*Passport etc duly attested by any Gazetted Officer or SBI Life Official)*

Date:
Place:

Policyholder's Signature :

Enclosures:- 1)
2)