

GROUP POLICY SERVICING FORM

Master Policy Holder Name:	
Master Policy No:	
COI Number:	
Full Name: Mr. Ms.	

Change in Address/ Contact Details

Address to be Changed:	<input type="checkbox"/> Residence	<input type="checkbox"/> Office	<input type="checkbox"/> Permanent
New Address:			
City:	Pin Code:	Mobile No:	
Email ID:			

Note: In case of change of Address, please enclose self attested Address proof along with this Request Form
(Masked copy of Aadhar is acceptable as "Address Proof" along with "Consent from Aadhaar Holder")

Addition/ Change in Nominee

Please provide revised Nominee particulars so that total percentage share should be 100%. In case nominee is minor then please provide Guardian details:

S No.	Name and Address of the Nominee	Date of Birth	Percentage Share	Relationship	Name and Address of the Guardian

Updation of PAN

New Permanent Account Number:	
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Note: Please enclose self attested Copy of PAN card along with this Request Form

Surrender/ Free Look Cancellation

Please tick as appropriate:	<input type="checkbox"/> Surrender	<input type="checkbox"/> Free Look Cancellation (FLC)
In case of request for FLC, please mention reason of cancellation:		
Surrender Documents :- (1) NOC provided by loan provider (2) Original Cheque copy With Printed Name (3) Original Certificate of Insurance		
FLC Documents :- Original Certificate of Insurance (If available)		

Bank Account Details

Name in Bank Account	
Account Number	
MICR Code	IFSC Code

Documents Required:- (1) Cancelled Cheque (With Printed Name) or Copy of Bank Passbook (2) ID Proof (Preferably copy of Pan Card)

Member Declaration

I fully understand the contents of this form and all information has been filled by me and I the Member Assured of the above mentioned Master Policy hereby give my consent to Pramerica Life Insurance Ltd. to pay the proceeds in favour of Master Policy Holder. I understand that upon surrender/cancellation of the Insurance , membership will be terminated and I will not be eligible for any benefits from the said Policy.

Signature of Member	Date								
	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

Vernacular Declaration

If the signature herein is in vernacular then the proposer should declare below in his/her own handwriting (in the same language in which the application is signed) that the replies were after and properly understanding the question and declarations mentioned above.

Date								
<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y	

Signature or Thumb Impression of the Proposer	Signature of the Witness	Name & Address of the Witness
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Master Policyholder Declaration

I, hereby declare that the contents of the form including the declarations have been explained to the Member and verified

Signature & Seal of the Master Policyholder	Date								
	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		