

9. Is Proposer

☐ Other (specify)_

LIFE INSURANCE

AUTO-VESTING REQUEST FORM Photograph of the new Policyholder Policy/Application Number Details of the new Policyholder (i.e. Life Assured under the Policy) after auto vesting of the Policy (Please fill only those fields where there is a change from existing details of the Life Assured) 1. Full Name First Name Middle Name Last Name 2. Gender ☐ Male ☐ Female ☐ Others M 3. Date of Birth 4. Communication Address ☐ Current Residential Address ☐ Permanent Residential Address **Current Residential Address** Area/Taluka/Tehsil State Country Permanent Residential Address Area/Taluka/Tehsil State Country PIN Code 5. Contact details Email ID :-6. CKYC number (If available) 7. PAN No. (In case PAN is not submitted, FORM 60 to be furnished then copy of any one of the following documents to be submitted) ☐ Passport □ Driving License ☐ Voter ID Card 8. Father Name:- First Name_ Middle Name_ Last Name

(Please fill NRI/PIO/Foreign National Questionnaire if applicable. In case of NRI/PIO/Foreign National, all correspondence and communication shall be sent to the address provided for such purpose in the NRI/PIO/Foreign National Questionnaire)

☐ Resident Indian ☐ NRI (Non Resident Indian) ☐ PIO (Person of Indian Origin) ☐ Foreign National

10 Country of birth	10.	a) Country of Res	sidence																						
11. al Cocupation Salariad Retired Housewife Student Business Owner Other (specify)		b) Country of birt	h				c) City o	of Birt	n																
g) Tax Identification Number (TIN number mandatory for other than Indian) 11. a) Occupation Salaria Retired Housewife Student Business Owner Other (specify) b) Exact nature of occupation/duties c) Organization/Employer Name d) Nature of industry of the Employer/Organization d) Nature of industry of the Employer/Organization d) Nature of industry of the Employer/Organization d) Office Address - City 10. Office Address - City 11. Are you as Politically Exposed Person (PEP?) 12. Are you as Politically Exposed Person (PEP?) 13. Pow you are Politically Exposed Person (PEP?) 14. Yes place and industry of the Employer/Organization of those industrials with have any close family members or associates in the said capacity) 13. Does your nature of work involve any association with Morney services businesses*/State run letteries/Casines/Gaming activity/Casmbling*Herce pockey! Jockey club After the profit organization of institutions involved in promoting activity/Casmbling*Herce pockey! Jockey club After the profit organization of institutions involved in promoting activity/Casmbling*Herce pockey! Jockey club After the profit organization of institutions involved in promoting activity/Casmbling*Herce pockey! Jockey club After the profit organization of institutions involved in promoting activity/Casmbling*Herce pockey! Jockey club After the profit organization of institutions involved in promoting activity/Casmbling*Herce pockey! Jockey club After the profit organization of institutions involved in promoting activity/Casmbling*Herce pockey! Jockey club After the profit organization of institutions involved in promoting activity/Casmbling*Herce pockey! Jockey club After the profit organization of institutions involved in promoting activity/Casmbling*Herce pockey! Jockey club After the profit organization of institutions involved in promoting activity Casmbling*Herce pockey! Jockey club After the profit organization organization organization organization organization organization organiza		d) Citizenship					e) Natio	nality																	
11. a) Occupation Salaried Retired Housewife Student Business Owner Other (specify)		f) Tax Residency	Country								Τ		Т			1					l				Τ
11. a) Occupation Salaried Retired Housewife Student Business Owner Other (specify) b) Exact nature of occupation/dutiles		g) Tax Identificat	ion Number										Ī								I				
b) Exact nature of occupation/duties c) Organization/Employer Name d) Nature of industry of the Employer/Organization e) Office Address - Clay 12. Are you a Politically Exposed Person (PEP? 12. Are you a Politically Exposed Person (PEP? 13. Does your an industry of the Employer/Organization e) Office Address - Clay 14. Are you as Politically Exposed Person (PEP? 15. Does your nature of work involve any association with Money services businesses 'Nation rule in any ministry/government/state owned enterprises/judicial body/militrary/police in India or abroad or those individuals who have any close family members or associates in the said capacity) 15. Does your nature of work involve any association with Money services businesses 'Nation rule in any ministry/government/state owned enterprises/judicial body/militrary/police in India or abroad or those individuals who have any close family members or associates in the said capacity) 15. Does your nature of work involve any association with Money services businesses 'Nation rule in any ministry/government/state owned enterprises/judicial body/militrary/police in India or abroad or those individuals who have any close family members or associates in the said capacity) 15. Does your nature of work involve any association with Money services businesses are considered as a property of the promoting section in the said capacity of the year year of the promoting section involved in promoting section, rule judicial, rule ju		(TIN number ma	ndatory for other than	Indian)								·				·					•	•	•		
e) Organization/Employer Name d) Nature of industry of the Employer/Organization e) Office Address - Country 1) Office Address - Country 1) Office Address - City 12. Are you a Politically Exposed Penson (PEPP) Types are individuals who are or have been associated with a political partylpolitician or holding any senior role in any ministrylgovernment/state owned enterprises/judicial body/military/police in India or abroad or those individuals who have any close family members or associates in the said capacity) 13. Does your nature of work involve any association with Money services businesses'/State run lotteries/Casinos/Gaming activity/Gambling/Horse jockey/ Jockey club Not for perfit organization/Traits/Charities/Non Government Organizations/ Organizations/ Involved in promoting social, ruligious, humanitarian causarial estate Javavilly/Piecious or sent Piecious stones or sorap dealers? visc No **Money service businesses are entities / propriectorial processors/payment/collection agents etc. which are not registated as banks If yes, please provide details If yes, please provide details D. Name of the Insurance Account Number (eIA) D. Name of the Insurance Repository to which eIA is linked. CAMS CDSL KARVY NSDL C. If you do not have an eIA account, would you like to create one? Visc No If yes, please name the preferred Insurance Repository CDSL KARVY NSDL Title Name of Nomlinee Date of Birth Relationship to Life Gender Contact Number Title Name of Appointee Date of Birth Relationship to Life Gender Contact Number To be Assured Gender Contact Number Fash Account Details: Please share your Bank details for all payouts arising out of this policy to be made through NEFT :- Policyholder name as per Bank records: Bank Name: Branch Name: Branc	11. a) Oc	cupation Sa	laried Retired	☐ Housewife	☐ St	udent	□В	usine	ss Own	er	□ Of	ther	(spe	cify	/)										
d) Nature of industry of the Employer/Organization e) Office Address - Country 1) Office Address - Country 1) Office Address - City 12. Are you a Politically Exposed Person (PEP)?	b) Ex	act nature of occup	ation/duties																						
e) Office Address - Country 1) Office Address - City 12. Are you a Politically Exposed Person (PEP)?	c) Or	ganization/Employe	r Name																						
12. Are you a Politically Exposed Person (PEP)? Yes No (PEPS are individuals who are or have been associated with a political party/politician or holding any senior role in any ministry/government/state owned enterprises/pudicial body/military/police in India or abroad or those individuals who have any close family members or associates in the said capacity) If yes, please provide detailis 13. Does your nature of work involve any association with Money services businesses er'state run lotteries/Casinos/Gaming activity/Gambling/Horse jockey/ Jockey club Not for profit organization/Frusts/Charities/Non Government Organizations/ Organizations involved in promoting social, religious, humanitarian causerieal estate /Jevenly/Proclous or semi Precious stones or scrap dealers? Yes No Noney service businesses are entitles / proprietorably concerns enfiring services involving currency exchange/dealee/exchange house/third party payment processors/payment/collection agents etc which are not registered as banks If yes, please provide details 14. a. e- Insurance Account Number (eIA)	d) Nature of industry of the Employer/Organization																								
12. Are you a Politically Exposed Person (PEP)?	e) Of	fice Address – Cour	itry																						
(PEPs are individuals who are or have been associated with a political partypolitician or holding any senior role in any ministry/government/state owned enterprises/judicial body/military/police in India or abroad or those individuals who have any close family members or associates in the said capacity) If yes, please provide details 13. Does your nature of work involve any association with Money services businessess "State run lotteries/Casinos/Gaming activity/Gambiling/Horse jockey/ Jockey club Not for profit organization/Trasts/Charities/Non Government Organizations involved in promoting social, religious, humanitarian cause/real estate /Jewelpy/Pecious or semi Precious stones or scrap dealers? Yes No **Money service businesses are entities / proprietors/pip concerns offering services involving currency exchange/dealer/exchange house/third party payment processors/payment/collection agents atc which are not registered as banks If yes, please provide details 14. a. e- Insurance Account Number (ela)	f) Off	ice Address - City																							
club Not for profit organization/Trusts/Charities/Non Government Organizations/ Organizations involved in promoting social, religious, humanitarian cause/real estate //ewelry/Precious or semi Precious stones or scrap dealers?	(PEPs enter	are individuals who	o are or have been ass /military/police in Indi	sociated with a pria or abroad or the	olitical plose ind	party/p ividua	ls who ha	ave ar	_	,			,		,	_						d			
Title Name of Nominee Date of Birth Relationship to Life to be Assured If any of the nominee is Minor then Please fill appointee details (age below 18 years), then: Details of Appointee Title Name of Appointee Date of Birth Relationship to Life to be Assured To be Assured	*Mon- proce If yes 14. a. e- b. Na c. If y	ey service businesses issors/payment/colle in, please provide de Insurance Account ime of the Insurance you do not have an	es are entities / propri- ection agents etc which tails	etorship concern th are not registe eIA is linked. ou like to create o	s offering red as both cone?	anks AMS	CE N	ost o	currence	RVY		NSI		excl	nange	hou	use/t	hird	d par	ty p	aym	ent			
If any of the nominee is Minor then Please fill appointee details (age below 18 years), then: Details of Appointee	Details	of Nominee:																							
If any of the nominee is Minor then Please fill appointee details (age below 18 years), then: Details of Appointee Title Name of Appointee Date of Birth Relationship to Life to be Assured 15 Bank Account Details: Please share your Bank details for all payouts arising out of this policy to be made through NEFT: Policyholder name as per Bank records: Bank Name: Branch Name: Branch Name: Branch Name:	7	itle	Name of Nominee	Date of Bi	th	R	Gender								Cor	ntact	Nu	mbe	r						
Details of Appointee Title Name of Appointee Date of Birth Relationship to Life to be Assured Contact Number 15 Bank Account Details: Please share your Bank details for all payouts arising out of this policy to be made through NEFT:- Policyholder name as per Bank records: Bank Name: Branch Name: Branch Name:							to be A	SSUIC																	-
Details of Appointee Title Name of Appointee Date of Birth Relationship to Life to be Assured Contact Number 15 Bank Account Details: Please share your Bank details for all payouts arising out of this policy to be made through NEFT:- Policyholder name as per Bank records: Bank Name: Branch Name: Branch Name:																									-
Title Name of Appointee Date of Birth Relationship to Life to be Assured 15 Bank Account Details: Please share your Bank details for all payouts arising out of this policy to be made through NEFT: Policyholder name as per Bank records: Bank Name: Branch Name: Branch Name:	If any o	f the nominee is Mi	nor then Please fill ap	ppointee details (age belo	ow 18	years), t	hen:																	
to be Assured 15 Bank Account Details: Please share your Bank details for all payouts arising out of this policy to be made through NEFT:- Policyholder name as per Bank records: Bank Name: Branch Name: Branch Name:	Details	of Appointee																							
Please share your Bank details for all payouts arising out of this policy to be made through NEFT :- Policyholder name as per Bank records:	1	itle	Name of Appointee	Date of Bi	th	R					Gen	der						Cor	ntact	Nu	ımbe	r			
Please share your Bank details for all payouts arising out of this policy to be made through NEFT :- Policyholder name as per Bank records:																									
	Please Policy Bank	e share your Bank d	Bank records:																		_				
II 50 COGCNITION COUCE		Account NI-																			_				
Bank Account Type: - ☐ Saving ☐ Current account ☐ NRO account																					_				

Preference for Renewal Premium Payr	ment		
☐ Cheque/Demand Draft	☐ Standing Instructions/NACH	☐ Credit Card	☐ Others
Declaration by the new Policyholder			
Application/Policy bearing number.		I understa	am the Life Assured under the and that as per the automatic vesting feature in the
I have provided my specimen signat	ures, the same may be updated again	st the above mentioned	d Insurance Policy.
hereby authorize the past and present institutions, tax and other authority(ie: employment, business, financial, pers Company to obtain the same. I/we furl completion/servicing of this proposal of share my/our sensitive personal data data or information) Rules 2011 as an	employer(s), business associates, any s) or any third party(ies) to release to onal and medical records and provide ther consent that the information in the resulting policy. That I/We have or information (as defined in the Informended from time to time) for the pulparties/ vendors associated with the	y life and nonlife compositive company or its authorized as such records or other his proposal has been go voluntarily given my/ourmation Technology (Rignose of processing of the Company including but	ime thereafter including at the time of claim processing, I/We any, hospitals, nursing homes, organizations, banks, financial norized third party agents details including but not limited to details as may be considered relevant and further authorize the given by me/us voluntarily and for the purpose of ur consent to collect, process, receive, possess, store, deal / handle easonable security practices and procedures and sensitive personal his Proposal or servicing of the resulting policy and claims related that not limited to Third Party Administrators, claim investigators, all framework.
			(Signature of the New Policyholder)
explained the contents of the Policy S by the Applicant/ Policyholder and the the replies as per the information/ inst by him/ her. Name of Declarant:	ervicing Form to the Applicant/Policy replies have been recorded by the Apricant/ Po	holder in the language pplicant/ Policyholder i	ies have been read out to, fully understood and confirmed
Policy Owner Signature :			