



Service Request form

Important Note:

 Kindly fill details in BLOC This form should be filled 	up by the plan owner or the assignee.													
1. Update my Ad	dress and Contact details													
Address:														
	City State Pin Code													
Landline No. (Residence):	0 –													
*Mobile No.: (Mandatory)	0 –													
Email ID:														
Il communications will be on the e-mail id mentioned above (if available). The mode of communication from and to the company would include electronic mode like sms, email elease tick 'Physical copy' if you want to receive communication in electronic form as well as physical copy Physical Copy Physical Copy														
2. Update my per	sonal details													
Policy owner														
Correct Name														
PAN Card:														
Life assured														
Correct Name														
PAN Card:														
3. Update my pay	ment frequency/payment mode													
Change of Premium	ayment frequency													
New frequen	cy Annual Semi-Annual Quarterly Monthly *													
New Payment Mode														
New paymen	mode Cash/Cheque ECS Credit Card direct debit ACH													

Note: What I need to know while updating my payment frequency / payment mode?

- Electronic Clearing service (ECS) & Credit Card facility is available across all frequencies of premium payment
- ECS or Credit Card facility is mandatory for monthly and quarterly mode of payment
 For availing these facilities, an ECS mandate form with a cancelled cheque, or Credit Card authorization form with photocopies of frontside of the credit card will be required. You can download the forms from our website www.bharti-axalife.com
- Mode change is applicable as per policy terms and conditions
- This is applicable only during policy anniversary
- For unit linked product, if the request is received and accepted at the company's office before 3 p.m., NAV declared on same date will be applicable and if request is submitted and accepted at company's office after 3 p.m, the next working day's NAV declared will be applicable

4. My bank details for fut	cure payouts			
Full Name of the Policyholder/				
Bank Account Holder:	First Name		Middle Name	Last Name
IFSC:				
Bank Name:				
Bank Account Number:				
Account Type: Saving Account	Current Accoun	nt		
*9 digit MICR code of the bank and bra non-personalised please submit latest b			e bank. Submit a blank cancell	ed cheque along with the form. If cancelled cheque is
5. Update my Nominee de	etails			
1,				(the policyholder)
First Name		Middle Name		Name
nominate the following person(s) as my	nominee(s) to be the pe	erson(s) wno wiii red	eive the money secured by the	above policy in the event or my death.
	Nomine	ee 1	Nominee 2	Nominee 3
Name				
Date of Birth				
Relationship to the Life Insured				
Beneficiary Percentage				
In case of a minor nominee, please fill	the following additiona	al information:		
I hereby appoint Mr/Mrs/Ms				
as the Appointee to receive the money s Thumb Impression / Signature of the Policyholder →	ecured by the policy in t	the event of my dea	th during the minority of the no Signature of Appointee →	minee. I accept
Diagram			Deletionelina	a the Marsiness
Place:			Relationship t	o the Nominee:
What I need to know while recording n	ny nominee details?			
Company Limited, in which case the 2. This nomination shall not be effected 3. The Company expresses no opinior 4. The witness must be a person com 5. Beneficiary Percentage should add 6. In case of transfer/assignment of a	e nominees' right shall be ed unless it is communion as to the validity of the petent to contract. to 100%. policy, whether wholly c	be affected to the e icated to and regist e nomination. or in part, in consid	extent of Bharti AXA Life Insuran ered by Bharti AXA Life Insuran eration of a loan advanced by t	policy is assigned to Bharti AXA Life Insurance nce Company Limited's interest in the policy. ce Company Limited. The transferee or assignee to the policyholder, shall no ree or assignee, as the case may be, in the policy.
6. My other Signatures				
Please use my signatures below to valid	late any future request a	and communication		
Specimen signatures Specimen 1	Spe	ecimen 2		
Specimen 3	Sno	ecimen 4		
	Орек	,o -		

Declarations and Agreement

I understand and agree that:

- I/We would be required to comply with additional terms on the basis of the aforesaid change/s
- The aforesaid change/s would be effective only when notified to be accepted by Bharti AXA Life Insurance Company Limited
- I/we agree that the Company may provide/transfer/retain any information available with the Company related to me/us, obtained in connection with processing of my proposal or the policy and servicing thereof to any reinsurers, insurance association, medical registrar, statutory authorities/bodies or services providers engaged by the Company for policy servicing related activities without any further reference to me/us
- · I/we agree that the Company may share my/our information with other insurers for the underwriting and claims settlement purposes
- I/we understand that i/we have an option to review and correct the information already provided or not to provide the data or information sought, also, at any time while availing the services or otherwise, i/we have an option to withdraw my/our consent for sharing of data given earlier, such withdrawal of the consent should be sent in writing to the Company. In the case i/we do not provide or later on withdraw my/our consent, the Company shall have the option not to provide me/us the services

has sig	s form to		olicy	/holde	er																						
ation g form: s of this has sig	s form to	the P	olicy	/holde	er																						
form: s of this has sig	form to										in a																7
s of this has sig	ned/affix										in s																
has sig	ned/affix										in s																
Firs	- Norma								my pr	eser		angu	age	and	I ha	ve co	rrect	y rec	orde	d the	e ans	swer	prov	ided	l to n	ne. I f	urther
Firs	at Name		1																								
	st Name						Mi	ddle N	ame							Last N	lame										
																										T	
	City									S	tate]			Pin C	ode	
		Date:									Place	:															
tion can	be any pe	erson o	other	than	Intro	ducing	Adv	isor o	r MOA	or N	иом"																
ents in	the form	have																									
3	ion can POLIC	POLICY SERVIC	ion can be any person o	ion can be any person other POLICY SERVICE REQUES ents in the form have bee	ion can be any person other than POLICY SERVICE REQUEST FO ents in the form have been full	ion can be any person other than Intro POLICY SERVICE REQUEST FORM ents in the form have been fully ex	Date: ion can be any person other than Introducing POLICY SERVICE REQUEST FORM IS FILI ents in the form have been fully explaine	Date: Date:	Date:	Date: D D M ion can be any person other than Introducing Advisor or MOA POLICY SERVICE REQUEST FORM IS FILLED BY A PERSents in the form have been fully explained to me and I of	Date: D D M M ion can be any person other than Introducing Advisor or MOA or M POLICY SERVICE REQUEST FORM IS FILLED BY A PERSON ents in the form have been fully explained to me and I declar	Date: D D M M Y ion can be any person other than Introducing Advisor or MOA or MOM" POLICY SERVICE REQUEST FORM IS FILLED BY A PERSON OTHE ents in the form have been fully explained to me and I declare the	Date: D D M M Y Y ion can be any person other than Introducing Advisor or MOA or MOM" POLICY SERVICE REQUEST FORM IS FILLED BY A PERSON OTHER THE	Date: D D M M Y Y Y ion can be any person other than Introducing Advisor or MOA or MOM" POLICY SERVICE REQUEST FORM IS FILLED BY A PERSON OTHER THAN ents in the form have been fully explained to me and I declare that whate	Date: D D M M Y Y Y Y ion can be any person other than Introducing Advisor or MOA or MOM" POLICY SERVICE REQUEST FORM IS FILLED BY A PERSON OTHER THAN THE ents in the form have been fully explained to me and I declare that whatever is	Date: D D M M Y Y Y Y ion can be any person other than Introducing Advisor or MOA or MOM" POLICY SERVICE REQUEST FORM IS FILLED BY A PERSON OTHER THAN THE POL ents in the form have been fully explained to me and I declare that whatever is sta	Date: D D M M Y Y Y Y Place ion can be any person other than Introducing Advisor or MOA or MOM" POLICY SERVICE REQUEST FORM IS FILLED BY A PERSON OTHER THAN THE POLICYHOLD BY THE POLICY BY THE POL	Date: D D M M Y Y Y Y Place: ion can be any person other than Introducing Advisor or MOA or MOM" POLICY SERVICE REQUEST FORM IS FILLED BY A PERSON OTHER THAN THE POLICYHOLDE ents in the form have been fully explained to me and I declare that whatever is stated herein	Date: D D M M Y Y Y Y Place: ion can be any person other than Introducing Advisor or MOA or MOM" POLICY SERVICE REQUEST FORM IS FILLED BY A PERSON OTHER THAN THE POLICYHOLDER OR ents in the form have been fully explained to me and I declare that whatever is stated hereinabove.	Date: D D M M Y Y Y Y Place: Dion can be any person other than Introducing Advisor or MOA or MOM" POLICY SERVICE REQUEST FORM IS FILLED BY A PERSON OTHER THAN THE POLICYHOLDER OR SIGnents in the form have been fully explained to me and I declare that whatever is stated hereinabove ha	Date: D D M M Y Y Y Y Place: Dion can be any person other than Introducing Advisor or MOA or MOM" POLICY SERVICE REQUEST FORM IS FILLED BY A PERSON OTHER THAN THE POLICYHOLDER OR SIGNED ents in the form have been fully explained to me and I declare that whatever is stated hereinabove has be	Date: D D M M Y Y Y Y Place: Dion can be any person other than Introducing Advisor or MOA or MOM" POLICY SERVICE REQUEST FORM IS FILLED BY A PERSON OTHER THAN THE POLICYHOLDER OR SIGNED IN Vents in the form have been fully explained to me and I declare that whatever is stated hereinabove has been recommended.	Date: D D M M Y Y Y Y Place: D D M M Y Y Y Y Y Place: Place:	Date: D D M M Y Y Y Y Place: Dion can be any person other than Introducing Advisor or MOA or MOM" POLICY SERVICE REQUEST FORM IS FILLED BY A PERSON OTHER THAN THE POLICYHOLDER OR SIGNED IN VERNACULE ents in the form have been fully explained to me and I declare that whatever is stated hereinabove has been recorded a	Date: D D M M Y Y Y Y Place: D D M M Y Y Y Y Place: Place:	Date: D D M M Y Y Y Y Place: Join can be any person other than Introducing Advisor or MOA or MOM" POLICY SERVICE REQUEST FORM IS FILLED BY A PERSON OTHER THAN THE POLICYHOLDER OR SIGNED IN VERNACULAR LANG ents in the form have been fully explained to me and I declare that whatever is stated hereinabove has been recorded as per the	Date: D D M M Y Y Y Y Place:

Trade Logos bharti and was used in the document belongs to the Bharti Enterprises (Holdings) Private Ltd. and AXA SA respectively and are used by Bharti AXA Life under license.

Bharti AXA Life Insurance Company Ltd. Regd. Office: Unit No. 1904, 19th Floor, Parinee Crescenzo, 'G' Block, Bandra Kurla Complex, BKC Road, Behind MCA Ground, $Bandra\ East,\ Mumbai\ -400051,\ Maharashtra\ IRDAI\ Regd.\ No.:\ 130.\ CIN\ no:\ U66010MH2005PLC157108.\ Comp-Mar-2021-3213$ Service address: Bharti AXA Life Insurance Company Ltd., Spectrum Tower, 3rd Floor, Malad Link Road, Malad (West), Mumbai - 400064.





2 1800-102-4444 SMS SERVICE to 56677 We will be in touch within 24 hours to address your query WhatsApp Number - 022-48815768 Www.bhartiaxa.com





