

Policy Number:					
				FOR OFFICE USE ONLY	
Service	Requ	est forn	n	Received Date:	
Important Note:1. Kindly fill details in BLOC2. This form should be filled	K LETTERS only.		L		
		Contact details			
Address:					
Address.					
(Daridayaa), *\ Aabila	City		State	Pin Code	
(Residence): *Mobile	0				
No.: (Mandatory) Email ID:	0				
All communications will be o	n the e-mail id ment	ioned above (if available). Th	e mode of communication from and to the	e company would include electronic mode like sms, email e	to
Please tick 'Physical copy' if y	ou want to receive o	communication in electronic f	form as well as physical copy Physical Co	рру	
2. Update my pe	ersonal deta	ails			
Proposer owner					
PAN Card:					
Life assured					
PAN Card:					
3. ECS Preferred	l Date				
Premium Due Date			Preferred Account Hit Date		
Preferred due date can be any	dav between vour pre	mium due date and the next 1	1 days.		
Note: This is a servicing reques	st only.The preferred o	ccount hit date is for purpose o	of premium debit only. NAV applicable on the	account hit date would allotted ta the policy account. All policy lebit would remain the same (as provided in the ECS mandate)	y
4. Request for P	olicy Stater	nents / Receipts			
E-Welcome Uni	t Statement	Unit Statement	Others (Please Specify)		

_(Y/Y/Y/Y)

__ (Y/Y/Y/Y) To _

5. My bank details for future payouts																																											
Full Name of the Policyholde	er/						Ι									Ι					Ι													I									
Bank Account Holder: IFSC:	_				First Name										Middle Name											Last Name																	
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Bank Name:			+	<u> </u>				<u> </u>	_			<u> </u>	$\frac{\perp}{\perp}$			<u> </u>	<u> </u>	<u> </u>			+	\pm				$\frac{\perp}{\top}$	_			<u> </u>		_	<u> </u>	 	_		<u> </u>	$\frac{\perp}{\top}$					
Bank Account Number:												\perp					_	_		L					L		_		L			_			_								
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cheque is non-persona	*9 digit MICR code of the bank and branch appearing on the cheque issued by the bank. Submit a blank cancelled cheque along with the form. If cancelled cheque is non-personalised please submit latest bank statement / pass book copy															eu																											
6. Update my Nominee details																																											
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''				Name							L						Nan					<u> </u>					L.			Last		ne											
nominate the following person(s) as my nominee(s) to be the person(s) who wi														ວ will receive the money secured by th 												he above policy in the event of my dea												eat	:h.				
		Nominee 1													Nominee 2												Nominee 3																
Name																																											
Date of Birth																																											
Relationship to the	Life	Insu	red																																								
Beneficiary Percen																																											
In case of a minor nor	nine	e, plo	eas	e fil	ll th	e fo	llo	wir	ng (ado	litio	na	ıl ir	nfoi	rmo	atic	n:																										
I hereby appoint Mr/Mr	s/Ms																																			\prod							
as the Appointee to re	ceive	the	mc			Name		hv t	he	nol	icv	in t	the	. AV	ent		Mid				ırir	na t	he	mi	nor	itv	of t	he	noi	mir		Las	st N	ame	9								
as the Appointed to re-	CCIVC	· tric	1110	лсу	, 50	curc		оу (inc	Poi	icy		LI IC		CIT	. 01	,	de	Juc	ii a	41 11	19 1			1101	icy	01 1	inc	1101			•											
Thumb Impression /																																											
Signature of the Poli	cyholo	der	→																																								
Place:																																											
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Signature of Appointed	e -	•																																									
I accept																																											
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What I need to know while recording my nominee details? INSTRUCTIONS/ NOTICES:

- 1. Any new nominations shall automatically cancel all previous nominations made in the policy, except where the policy is assigned to Digit Life Insurance Company limited, in which case the nominees' right shall be affected to the extent of Digit Life Insurance Company Limited's interest in the policy.
- 2. This nomination shall not be effected unless it is communicated to and registered by Digit life Insurance Company limited.
- 3. The Company expresses no opinion as to the validity of the nomination.
- 4. The witness must be a person competent to contract.
- 5. Beneficiary Percentage should add to 100%.
- 6. In case of transfer/assignment of a policy, whether wholly or in part, in consideration of a loan advanced by the transferee or assignee to the policyholder, shall not cancel the nomination but shall affect the rights of the nominee only to the extent of the interest of the transferee or assignee, as the case may be, in the policy.

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 Go Digit Life Insurance 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, ifwe 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

Name of Policyholder/Assignee									Signature											Signature date												
Are vou a US Citizen or U	Are you a US Citizen or US tax resident Yes No If Yes, Please provide TIN:																															
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Vernacular Declaration																																
Declaration by person filling form:																																
I have explained the co	I have explained the contents of this form to the Policyholderin language and I have correctly recorded the answer provided to me.																															
I further declare that the policyholder has signed/affixed his/her thumb impression in my presence.																																
Declarant's Name:																																
		First					М	iddle	e Nar	ne							Las	t Nan	ne			-	-	-								
Declarant's Address:																																
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		Щ	lity										C+	ate														<u></u>	Din	 Code		
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Declarant's Signature:								Date	e: [D	M	M	Υ	Υ	Υ	Υ		Plac	:e:									_			
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*"The person giving this de	claration	ı can b	e any pe	erson	other	than	Intro	ducin	g Ad	visor	or N	AON	or M	IOM"																		
DECLARATION* IN CASE	THIS PO	OLICY	SERVIC	E RE	OUES	ST FO	RM I	IS FIL	LED	BY	ΑP	ERS	ON (OTHE	ER TI	HAN	THE	POL	.ICYł	HOLE	DER	OR S	SIGN	NED	IN V	'ERN	ACUI	LAR	LANG	GUAG	βE:	
Declaration by Policyl																																
I hereby declare that the information provided b	ne conte		n the fo	orm h	ave	been	full	y exp	olair	ned	to n	ne a	ınd l	l dec	lare	tha	t wł	nate	veri	s sto	atec	l her	ein	abo	ve h	as b	een	rec	orde	d as	per	the
Thumb impression/Signa	ature of	Policy	yholder																													
				_														_														

IRDAI Registration number: 165, CIN: U66000PN2021PLC206995. Registered Name: Go Digit Life Insurance Limited, Registered Address: Ananta One (AR One), Pride Hotel Lane, Narveer Tanaji Wadi, City Survey No.1579, Shivajinagar, Pune – 411005, Maharashtra, Corporate Office Address: Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru-560095, Karnataka, Help line no.: 9960126126, Website: www.godigit.com/life

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