

REQUEST FOR CHANGE IN POLICY DETAILS

Policy No.		Date	
Proposer Name		Contact Number	
Email ID		Alternate Contact Number	

All fields are mandatory. (At least one contact number is mandatory for processing your request. The Contact details mentioned above will be updated for all future communication)

Change in Premium Payment Frequency

Monthly	Half Yearly	Yearly	Quarterly
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Note: This change will be applicable from the next premium payment date. For monthly mode, standing instructions is mandatory. Please fill the NACH Direct Debit form and submit the same along with this form. Change in premium frequency will have an impact on change in premium.

Change in Premium Payment Mode

Cheque	Direct Debit/ECS (NACH)	Bill Desk	Bill Junction
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Note: If payment through Direct Debit/ ECS (NACH) is selected, mandate needs to be filled and submitted with us.

Change in Insurance amount (Sum Assured)

From	Required
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Note: In case of increase in Sum Assured, a Personal Health Declaration Form (PDR) will have to be submitted along with this form

Modification of Personal Details (Mandatory valid self attested identity proof to be submitted)

Life Assured DOB	
Old Date of Birth (DD / MM / YYYY)	
New Date of Birth (DD /MM / YYYY)	

Policyholder DOB	
Old Date of Birth (DD / MM / YYYY)	
New Date of Birth (DD /MM / YYYY)	

Request for Rider/Additional benefits addition

Rider/Additional benefit name	Sum Assured

Note:: Below conditions to be applicable for product

Age <=55,Policy Status: IF. Policy Term: Regular Pay• Cannot be taken in the last five years and benefits to start on the policy anniversary• Available for the remaining policy term or till the age of 80 years, whichever is lower• Not available for policies sourced as POS product

Cover Continuance Option (CCO) / Automatic Premium Payment (APP)

Register for CCO / APP	Deletion of CCO / APP
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Note: Cover Continuance gives you the option of continuing your life cover and the rider cover even if you stop paying premiums. If the fund value reaches the minimum requirement, the policy would be foreclosed and surrender value would be paid to you.

During cover continuance period the mortality and policy administration charges will be deducted via cancellation of units.

Future premiums for this policy will not be accepted once the cover continuance option is activated.

On activation of APP, premium will be collected through cancellation of units.

APP can be availed once if term less than 15 years and twice if term is greater than 15 years.

APP facility can be deleted only if the same has been registered but not activated

Consent for sharing Policy Details

I/We provide consent for sharing policy details with my/our servicing agents	
I/We do not wish to share my/our policy details with my/our servicing agents.	

Note: Policy details includes fund value, unit statement and portfolio statement details, bonus amounts, etc

Declaration

Applicable when the Proposer is illiterate or suffering from disability due to which writing is restricted or the proposer has signed in vernacular language. Note: Must be witnessed by someone other than the advisor/agent/employee of the Company.

I (Full name of Witness) _____ (Relation with Proposer) _____ adult and inhabitant of (Address) _____

_____ do hereby declare that I have read and explained the contents of this form to the Proposer and he/she/they have understood the same.

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Signature of Witness

Signature of Policy Holder (Proposer)	
Signature of Assignee*/ Trustee <small>(*Required in case of Absolute Assignment of Policy) (Required in case of Policy covered under MWPA)</small>	

Note: I have understood the meaning and scope of the change request form and take complete responsibility of the changes submitted by me. Any changes in the Policy/ Personal Details are subject to the policy terms and conditions and relevant underwriting guidelines.

ACKNOWLEDGEMENT SLIP

Request Call ID: _____

Policy Number : _____

Date (DD/MM/YYYY) : _____

Received by: _____



Stamp & Time

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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