

Form for e-Insurance Account (eIA) Opening and / or Policy Conversion into e-Insurance

Please fill the form in Black ink and in CAPITAL letters only

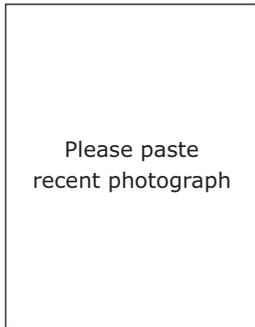
Policyholder Name:

Telephone No.: **Mobile No.:**

Email ID:

Do you have an existing e-Insurance account: Yes No

e-Insurance account number (If yes):



All the above fields are mandatory.

To Apply for an e- Insurance Account:

The personal details of the proposer (herein below known as the eIA applicant/eIA holder), as mentioned in the Application for Insurance, to which this form is being attached, will be used for processing of this eIA application.

a. Select the preferred insurance repository (IR's) in which e-Insurance account needs to be opened:

NSDL Database Management Limited CDSL Insurance Repository Limited Karvy Insurance Repository Limited

b. AUTHORIZED REPRESENTATIVE DETAILS (optional can also be done by logging onto IR's site after activation of your eIA)

Name: _____

Date of Birth: / / Gender: M F

Relationship with eIA applicant: _____

Email ID: _____ Mobile No:

Address: **Same as eIA applicant**

City: _____ Pincode: _____ State: _____ Country: _____

I wish to notify Authorized Representative about his/her appointment

Authorised Representative Details for the eIA

An Authorized Representative is like a trustee to the e-Insurance Account (eIA) and has to be deputed by eIA holder. An Authorized Representative is a person appointed by eIA holder who can access eIA in the event of the eIA holder's demise or in his incapacity to access the eIA. The Authorized Representative can only access the e-Insurance Account and know the portfolio of insurance policies.

I hereby provide my consent to convert the below mentioned policy(ies)/ application(s) for insurance under process, currently held by me as the proposer with BSLI, into electronic form (e-policy).

Policy Number/'s - Application Number/'s _____

Declaration

The rules and regulations of Insurance Regulatory and Development Authority & Insurance Repository pertaining to an e-Insurance Account which are in force now along with the information as displayed on BSLI website on managing policy through E-Insurance Account have been read by me and I have understood the same and I agree to abide by and to be bound by the rules as are in force from time to time for such e-Insurance Account. I hereby declare that the particulars given herein are true, correct and complete to the best of my knowledge and belief, the documents submitted along with this application are genuine and I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any Notifications, Directions issued by any governmental or statutory authority from time to time. I authorise the Insurance Repository to send any policy and account related information through email and SMS on the contact details as registered with the IR in case of an existing e-IA and in the case of an application to open an e-IA the IR may send any policy and account related information through email and SMS on the contact details as mentioned in the application for insurance as submitted along with this form to open an e-IA. In case of any physical policies being issued by the Insurance Company from whom I obtain an e-policy, the address in the e-Insurance Account shall override the address provided for the physical policies. I understand that all the communication relating to any physical/ e-policy will be sent to the address registered with the Insurance Repository. I agree to inform the Repository of any changes in the details mentioned in this form and in case of delay the said repository shall not be liable in case it acts on the said information which has not been updated. Further, in case I update the details with the Insurance Company, I authorise the insurance company to submit the same to the IR as selected by me for update in the e-Insurance Account and the said update will be applicable to all policies of any insurer that I hold/ will hold in the said account. I authorise the Repository to pass on the information to any Insurance Company that I have approached for availing of insurance cover. I further agree that any false / misleading information given by me or suppression of any material fact will render my e-Insurance Account liable for termination and further action.

Form for e-Insurance Account (eIA) Opening and / or Policy Conversion into e-Insurance

I hereby authorise the Insurance Repository / Insurance Company to disclose, share, remit in any form, mode or manner, all / any of the information provided by me to the respective Insurance Companies and / or to their authorised agents and representatives in which I may transact / have transacted including all changes, updates to such information as and when provided by me.

I hereby agree to provide any additional information / documentation that may be required by the Authorised Parties, in connection with this application. I hereby confirm that this is a unique e-Insurance Account opening application and I have not applied to the same Insurance Repository or any other Insurance Repository for an e-Insurance Account in the past.

I would like to receive my insurance policy and all the information related to the proposed insurance policy through the Insurance Repository as selected hereinabove.

I hereby consent to be contacted for any service/transaction related to this/these policy/ies offered by BSLI in spite of being registered with the National Do Not Call (NDNC) Registry with TRAI.

I have authorized BSLI to update my communication address and contact details as per my EIA account.

I am aware the details furnished by me, including KYC documents, for the KYC form and Bank account opening form will be used to open the eIA. I hereby give my consent for the same.

Name of eIA Holder

Signature or Thumb Impression of the eIA Holder

Vernacular Declaration

I, _____ (name of the scribe) residing at _____ hereby confirm that the contents of the application was explained to Mr/Mrs/Ms _____ (Proposer).

After fully understanding the contents and information thoroughly, the above said proposer had signed /affixd the thumb impression in my presence on _____.

X _____
Name of Scribe

X _____
Signature of Scribe

Contact Us Phone : 1800-270-7000 (Toll free from 9 am to 9 pm Monday to Saturday)
Email : customerservice@birlasunlife.com
Website : www.insurance.birlasunlife.com

Name of the Document accepted as a KYC address proof are: Regd. Lease and License Agreement/ Agreement for sale, Ration Card, DRIVING LICENCE, Passport, Voter ID Card, Bank Passbook (not more than 6 months old), Residence telephone Bill (not more than 6 months old), Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts, Identity card/document with address, issued by Central/State Government and its Departments, Identity card/document with address, issued by Statutory/Regulatory Authorities, Identity card/document with address, issued by Public Sector Undertakings, Identity card/document with address, issued by Scheduled Commercial Banks, Identity card/document with address, issued by Public Financial Institutions, Identity card/document with address, issued by Colleges affiliated to universities, Identity card/document with address, issued by Professional Bodies such as ICAI, ICWAI, Bar Council etc. to their Members, AADHAR CARD, Electricity Bill.

Name of the Document accepted as a proof of Date of Birth (DOB) are: PAN Card, Ration Card, Driving License, Passport, Voter ID Card, Municipal Birth Certificate, Baptism Certificate, Marriage Certificate issued by Church, Identity card/document with address, issued by Central/State Government and its Departments, Gram Panchayat certificate, Identity card/document with address, Public Sector Undertakings, Defense ID including Ex-serviceman card issued to Defense personnel/ certificate of DOB issued by commanding officer with his seal & signature on the same, Identity card/document with address, Colleges affiliated to universities, Central Govt. Health scheme certificate for their employees/ family members/ dependants, Govt. service registers extract/certificates issued by Govt. to its employees, Employer's PF statement, ESIS Card (Employees State Insurance Scheme), Employer's certificate from Govt, Semi Govt., MNC, Public Ltd, Reputed Private Ltd. Organizations only. The certificate must be on the letterhead, duly signed & stamped by the authorized signatory, Certified School/ College Extract including School/ College leaving certificate/ Degree certificates / mark sheet or hall ticket or admit card issued by Educational Board (10 & 12th std) reflecting DOB of eIA holder, Policy Document of other private insurers, LIC Policy, Islander cards for Residents of Andaman & Nicobar Island, Pilgrim pass issued for Haj Pilgrimage

Key Notes:

- In case of successful conversion to e-policy, the original policy document held in physical form will be invalid and no future transactions or requests will be processed on the basis of the physical policy document.
- Post conversion of physical policy document to e-policy, all transactions or requests need to carry the Electronic Insurance Account (EIA) number.
- All policies registered under your client id against the stated policy no/nos. on the form will be converted to e-policy
- Photograph is mandatory only at the time of existing policy conversion/Electronic insurance account opening. The same is not mandatory incase of new policy issuance as photograph is already submitted with BSLI application form.