Aditya Birla Sun Life Insurance Company Ltd.

Address Proof (Please tick as applicable) : Utility Bills Others: _____



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

Keep it simple; automate your premium payment with NACH.

Please fill the form in Black ink and in CAPITAL letters only		
Policy Owner Name:		
Policy Owner Address:		
District: City: State:	Pincode:	
Mobile No.: Telephone No. (R/O):		Please paste
Email ID:		recent photograph
Do you have an existing e-Insurance account: Yes No (If yes): e-Insu	irance account No:	
PAN:		
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/ attached, will be used for processing of this eIA application.	/eIA holder), as mentioned in the Application for Insurance, to	which this form is being
a. Select the preferred insurance repository (IR's) in which e-Insurance	ce account needs to be opened:	
NSDL Database Management Limited CDSL Insurance Repository Limite	ed 📃 Karvy Insurance Repository Limited 🗌 CAMS Rep	ository Services Limited
b. Authorized representative details (optional can also be done by log	gging onto IR's site after activation of your eIA)	
Name:	Date of Birth: D D M M Y Y Y Y	Gender: Male Female
Relationship with eIA applicant: Ema	ail ID:	
Mobile No:		
Address: Same as eIA applicant (If different please mention the c	complete address)	
District: City:	State:	Pincode:
c. Applicant's Bank Details		
Bank Account Number:	Account Type: Saving A/C Current A/C	NRE NRO
Bank Name:	Branch Name:	
Branch City:	11 Digit IFSC Code:	
MICR Code: Original Cancelled Cheque leaf g	given Yes No	nk)
Note: Aditya Birla Sun Life Insurance (ABSLI) will not be responsible in case of non credit to provided or rejected by your bank. In case of requisite information for direct credit is not rec		
I wish to notify Authorized Representative about his/her appointment		
An Authorized Representative is like a trustee to the e-Insurance Account (eIA) and ha can access eIA in the event of the eIA holder's demise or in his incapacity to access th of insurance policies.		
I hereby provide my consent to convert the below mentioned policy(ies)/ application(a (e-policy).	s) for insurance under process, currently held by me as the propose	r with ABSLI, into electronic form
Policy Number/'s - Application Number/'s :		
Identity Proof (Please tick as applicable) : PAN:		

____ (Attach copy of above documents)

The rules and regulations of Insurance Regulatory and Development Authority India & Insurance Repository pertaining to an e-Insurance Account which are in force now along with the information as displayed on Aditya Birla Sun Life Insurance Company Limited (ABSLI) website on managing policy through 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 for 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 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 Repository to pass on the information to any Insurance Account I appreached 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 a

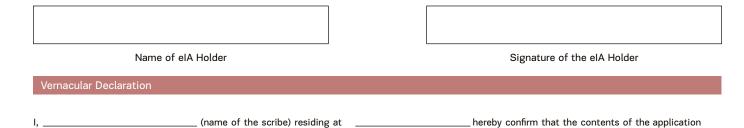
I hereby authorise the Insurance Repository / Insurance Company to disclose, share, remit in any form, mode or manner, all / any of the information provided by me to the respective Insurance Companies and / or to their authorised agents and representatives in which I may transact / have transacted including 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 ABSLI in spite of being registered with the National Do Not Call (NDNC) Registry with TRAI.

I have authorized ABSLI 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.



(Policy Owner).

Contact Us Phone

Email

was explained to Mr/Mrs/Ms.

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.

b. Post conversion of physical policy document to e-policy, all transactions or requests need to carry the Electronic Insurance Account (EIA) number.

c. All polices registered under your client id against the stated policy no/nos. on the form will be converted to epolicy

Name of Scribe

Website : www.adityabirlasunlifeinsurance.com

: care.lifeinsurance@adityabirlacapital.com

After fully understanding the contents and information thoroughly, the above said Policy Owner had signed in my presence on

: 1800-270-7000 (Toll free from 9 am to 9 pm Monday to Saturday)

d. 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 ABSLI application form.

Aditya Birla Sun Life Insurance Company Limited (Formerly known as Birla Sun Life Insurance Company Limited) Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1, 16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013 +91 22 6723 9100 | CIN: U99999MH2000PLC128110 www.adityabirlasunlifeinsurance.com

Life Insurance

Aditya Birla Sun Life Insurance Company Ltd.



Signature of Scribe

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