



## ULIP REQUEST FORM

Customer ID:

(for office use only)

Policy No.:

CIF Code/IA Code:.....

Name of the Life Assured:.....

Branch Code .....

Name of the Policy Holder (If different from Life Assured) .....

Date & Time Stamp

Mobile No .....

**Guidelines for filling in the form:**

1. This form is to be filled by the Life Assured/ Policy Holder himself in **BLOCK LETTERS**. Please tick the check boxes wherever required.
2. The Life Assured/ Policy Holder must authenticate any cancellation or alterations in this form.
3. Please refer to the General Information provided on page 2 of this form for details regarding the Sections in this form.

1. FUND SWITCH					
FROM			TO		
Fund Name	Percentage	Amount (Rs)	Fund Name	Percentage	Amount (Rs)
<b>TOTAL</b>			<b>TOTAL</b>		

\*Total of Percentage in TO column must be 100%. In case of Switch by amount the Total of "From" & "TO" should be same.

2. FUND REDIRECTION (Provide the New Fund Allocation Required for future premiums only)	
Name of Fund	Allocation Percentage
<b>Total</b>	<b>100%</b>

\*Total of New Allocation % should be 100%.

**Declaration/ Authorization:**

- I the Life Assured/ Policy Holder, hereby request SBI Life Insurance Co. Ltd. to make necessary changes to my Policy in accordance with the information furnished above. I hereby accept and agree to be bound to such changes.
- I agree and accept that the above request shall be treated as valid on acceptance by SBI Life Insurance Co. Ltd.
- I agree that receipt of the above request by the agent doesn't constitute receipt by SBI Life.
- I understand and agree for transactions involving debit/credit of units, the value of units shall be determined in accordance with the provisions of the said Policy on the valuation date immediately following the receipt of the request.

Signature of the Policy Holder: \_\_\_\_\_  
 Signature of Assignee \_\_\_\_\_  
 (In case of Assigned Policy)

Signature of Witness: \_\_\_\_\_

\* In case the life assured who was Minor at the time of Start of the Policy has turned into major the signature of the customer has to be witnessed by a gazetted officer or SBI Life official not below the rank of an A.M.

**Declaration of English Knowing Person in Case the Proposed Insured/ Policyholder is illiterate or signing in vernacular.**

I hereby declare that I have explained the contents of this form to the Policy Holder in \_\_\_\_\_ language, that the Policy Holder has affixed his/her Signature / Thumb impression on the form in my presence, after fully understanding the contents thereof.

Signature of the person making the declaration \_\_\_\_\_  
 Name & Address: \_\_\_\_\_

**1. Fund options available under SBI Life Unit Linked products  
(Life Products)**

Product Name	Code	Equity Fund	Equity Optimiser Fund	Growth Fund	Balanced Fund	Bond Fund	Equity Elite Fund	Money Market Fund	Index Fund	Top 300	Flexiprotect Fund	Switch Facility	Redirection Facility
Horizon	18	√	X	X	X	√	X	√	X	X	X	X	X
Unit Plus RP	19	√	X	√	√	√	X	X	X	X	X	√	√
Unit Plus SP	21	√	X	√	√	√	X	X	X	X	X	√	X
Horizon II	23	√	X	X	X	√	X	√	X	X	X	X	X
Unit Plus II RP	24	√	√	√	√	√	X	X	X	X	X	√	√
Unit Plus II SP	25	√	√	√	√	√	X	X	X	X	X	√	X
Unit Plus Child	30	√	√	√	√	√	X	X	X	X	X	√	√
Unit Plus Elite	31	X	X	√	√	√	√	X	X	X	X	√	√
Unit Plus Saral	32	X	X	√	√	X	X	X	X	X	X	√	√
SMART ULIP	33	X	X	X	X	X	X	√	X	X	√	X	X
SMART ULIP (Series II)	33	X	X	X	X	X	X	√	X	X	√	X	X
Maha Anand	34	√	√	X	X	√	X	X	X	X	X	√	√
Unit PLUS III	37	√	√	√	√	√	X	√	√	√	X	√	√
Maha Anand II	40	√	X	X	√	√	X	X	X	X	X	X	X
Horizon III	41	√	X	X	√	√	X	√	√	X	X	√	√
Unit Plus Elite II	42	X	X	X	√	√	√	√	√	X	X	√	√
Unit Plus II child	43	√	√	√	√	√	X	√	√	√	X	√	√

**(Pension Products)**

Product Name	Code	Equity Pension Fund	Equity Optimiser Pension Fund	Growth Pension Fund	Balanced Pension Fund	Bond Pension Fund	Money Market Fund	Index Pension Fund	Top 300 Pension	Switch Facility	Redirection Facility
Horizon II Pension	27	√	X	X	X	√	√	X	X	X	X
Unit Plus II Pension	28	√	√	√	√	√	X	X	X	√	√
Unit PLUS III Pension	38	√	√	√	√	√	√	√	√	√	√
Horizon III Pension	39	√	X	X	√	√	√	√	X	√	√

**GENERAL INSTRUCTIONS**

**1. SWITCHING FACILITY**

- ‘Switch To’ Percentage should be in multiples as stated in the last column of the table in Para 1 above subject to Minimum Switch Amount given under below table.
- Free Switches in a Policy Year will be available as per Policy Terms and Conditions. Additional charges will be Rs. 100 per switch and will be deducted from the switch amount.
- The Total of TO column must be equal to 100%.
- The ‘Switch From’ & ‘Switch To’ column should not have same funds. For ex. Request such as – Switch from 100% Equity to 50% Equity & 50% Growth – shall be considered invalid
- Switch facility is not available for Horizon, Horizon II, Horizon II pension and Smart ULIP products.

Fund Switch conditions with respect to different products is given below:

Product Name	Product Code	Status		Free Switches	Min. Switch Amount	Switch % in Multiples of	% Option	Amount Option
		Inforce	Lapse					
Unit Plus RP	19	√	X	4	10000	X 10%	√	N.A
Unit Plus SP	21	√	N.A	4	10000	X 10%	√	N.A
Unit Plus II RP	24	√	N.A	4	10000	X 10%	√	N.A
Unit Plus II SP	25	√	N.A	4	10000	X 10%	√	N.A
Unit Plus II Pension	28	√	X		10000	X 10%	√	√
Unit Plus Child	30	√	N.A	4	10000	X 5%	√	√
Unit Plus Elite	31	√	N.A	4	10000	X 5%	√	√
Unit Plus Saral	32	√	N.A	2	2000	X 5%	√	√
Maha Anand	34	√	Allowed only if 3 yrs premium are paid	4	2000	X 5%	√	√
Unit PLUS III	37	√	√	2	5000	X 1%	√	√
Unit PLUS III Pension	38	√	√	2	5000	X 1%	√	√
Horizon III Pension	39	√	√	2	5000	X 1%	√	√
Maha Anand II	40	√	√	2	2000	X 1%	√	√
Horizon III	41	√	√	2	5000	X 1%	√	√
Unit Plus Elite II	42	√	√	2	5000	X 1%	√	√
Unit Plus II Child	43	√	√	2	5000	X 1%	√	√

**Illustration:**

You want to switch **50%** of your investment in Equity Fund and **60%** of your investment in Bond Fund into Growth Fund and Balanced Fund in the percentage 60% and 40% respectively. Thus you will enter the values as:

From	Percentage	To	Percentage
Equity Fund [N.A. for Unit Plus Elite]	50%	Growth Fund	60%
Bond Fund	60%	Balanced Fund	40%
		Total	100%

**2. REDIRECTION FACILITY: The condition for Redirection Facility for Different Products is given below:**

- Redirection facility is not available for Horizon, Horizon II, Horizon II Pension and Smart ULIP Policies.

Product Name	Code	Status		Free Redirection	Available from Policy Year	Charges
		Inforce	Lapse			
Unit Plus RP	19	√	X	1	2	N.A
Unit Plus SP	21	N.A	N.A	N.A	N.A	N.A
Unit Plus II RP	24	√	X	1	2	X
Unit Plus II SP	25	N.A	N.A	N.A	N.A	N.A
Unit Plus II Pension	28	√	X	1	2	X
Unit Plus Child	30	√	X	1	2	X
Unit Plus Elite	31	√	X	1	2	X
Unit Plus Saral	32	√	X	1	2	X
Maha Anand	34	√	X	1	2	X
Unit PLUS III	37	√	√	2	2nd premium payment	100
Unit PLUS III Pension	38	√	√	2	2nd premium payment	100
Horizon III Pension	39	√	√	2	2nd premium payment	100
Maha Anand II	40	√	√	2	2nd premium payment	100
Horizon III	41	√	√	2	2nd premium payment	100
Unit Plus Elite II	42	√	√	2	2nd premium payment	100
Unit Plus II Child	43	√	√	2	2nd premium payment	100

**General Conditions:**

- NAV used for liquidation / investment of Units -
  - If request is received before 3.00 p.m on a business day : Closing NAV of the day
  - If request is received after 3.00 p.m. : Closing NAV of the next business day
- Invalid Request –**
  - If the signature of the policyholder on the request differs from the one as per our records**

**OR**

  - If the request is not filled as per the conditions/guidelines mentioned in the foregoing paragraphs it will be treated as an invalid request.**

**In such case , a fresh valid request complete in all respects will be processed on the date of receipt and the existing NAV as on the date of such receipt will be applicable.**

**SBI Life Insurance Co. Ltd.**

**Registered Office:** State Bank Bhavan, Madam Cama Road, Nariman Point, Mumbai - 400021

**Corporate Office:** Turner Morrison Bldg, GN Vaidya Marg, Fort, Mumbai – 400023

**Central Processing Centre:** Kapas Bhavan, Plot No. 3A, Sec – 10, CBD Belapur, Navi Mumbai. Regn No. 111

Call Toll Free No: 1800 222 123 OR 1800 229 090

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