

EFU LIFE ASSURANCE LTD
APPLICATION FOR ALTERATION



POLICY NO: _____ LIFE ASSURED: _____

Please make the following changes in my policy structure.

Change in benefits					Any other change
BENEFITS	EXISTING SUM ASSURED	Old Term/ Protection Multiple	NEW SUM ASSURED	New Term/ Protection Multiple	
MAIN PLAN					
Additional Term Assurance					
Family Income Benefit/ Income Benefit					
Lifecare/plus Benefit					
Hospitalcare / plus Benefit					
Medical Recovery Benefit					
Accidental Death & Disability / Plus Benefit					
Waiver of Premium	YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		

My policy does not include **Inflation protection Benefit**, I would like to opt for the same: YES NO

I would like to opt for **Fund Acceleration Premium** (For PL only) : YES NO If 'Yes', Rs. _____

DECLARATION:

I declare that apart from details* set out below I have not suffered from any illness, accident or other disability since applying to the Company for this Policy (or since the Policy was last reinstated if later), that I am otherwise in good health and that my occupation and country of residence are unchanged. I agree that this Declaration is to form part of my application upon which the Policy will be /is based.

* Details of changes of health, occupation or residence, if there is no change-please mark "No".

Change in Health? YES NO If 'Yes' give details: _____

Change in Occupation? YES NO If 'Yes' give details: _____

Change in Residence? YES NO If 'Yes' give details: _____

Signature: _____ Date: _____

Address: _____

E-mail: _____ Telephone No: _____ Cell No: _____

Important Notice

Please remember that any omission or mis-statement of a material fact could affect the payment of benefits under the policy. If you are uncertain whether a fact is material please include it on the application.