

To,
The Manager – Group Operations,
SBI Life Insurance Company Limited,
CPC, 8 th Level, E Wing, Seawoods Grand Central,
Tower - 2, Plot No. R-1, Sector 40, Seawoods, Nerul Node
Navi Mumbai- 400706

Policy No: Annuity Certificate No _____

Annuitant Name _____ Master Policy Holder Name _____

I _____ *the annuitant holding the above mentioned annuity certificate request you to amend my member details with the below changes.*

1. ADDRESS (Change / Correction*)

Address1 _____

Address2 _____

City _____ Pin Code _____ State _____

Tel: (R) - Mobile No.
 (S.T.D Code) (Phone Number) e-mail ID _____

Note:- Proof of address should be enclosed- (*Not required for correction in address)

Driving License Bank Passbook Passport Electricity Bill

(Utility bills more than 2 month old are not accepted as valid address proof)

2. Correction in Name : (Annuitant/ Spouse Nominee)

Old Name :- _____ **New Name:-** _____

(Kindly attach supporting documents such as self attested Driving Licence / Passport, PAN Card,/ copy of marriage certificate,/gazette copy for change or correction in name)

3. Change / Correction in Bank Account Details* (Enclose Copy of Bank Pass Book / Cancelled Cheque with name printed on it)

Account No _____ Bank Name _____ Branch Name _____

IFSC Code _____

I hereby authorize SBI Life to credit the annuity payment directly to my above mentioned Bank account.

Date:

Annuitant Signature :

Place:

Witness

Signature of Witness

Name of Witness:.....

Address:.....

Date: -

Place:-