REQUEST FOR CHANGE IN POLICY TERMS

From:

PARTICULARS OF THE POLICY HOLDER																														
Policy Number :																														
Date	Date of Commencement :																													
														1																
	ate			Mor	nth)		(Year	<u> </u>)			_																
Policy Holder																														
The Sr/Branch Manager , Life Insurance Corporation of India ,																														
Branch .																														
Dear Sir / Madam,																														
I wish to inform you that I would like a change in the terms of my aforesaid Policy in respect of:																														
CHANGE IN POLICY TERMS REQUESTED FOR (Please tick) Change in frequency of premium payments.																														
╽╙				Reduction of term.																										
	□ Reduction of sum insured.																													
Ma	Mailing Add				ss:		L	Residence						Of						Tice										
En	nail	:																												
Те	leph	one	e :																											

Date:	Place:		
Signature			
Yours Sincerely,			
I also undertake to pay of the corporation.	any premiums, if due, a	and meet the minimum premium requirer	ments
		erms shall take place only on the annivers e year from the date of commencement o	-
changes to be made the		ocument for nece	ssary