NJI Life

Endorsement Request Form

Important Instruction for Form Completion

Please ensure that all questions are properly and completely answered. Please tick within the relevant boxes. Leave the remaining boxes unmarked. Kindly use a single pen to complete and sign the form. Please write in neat legible script. Do not use abbreviation, dots, crosses and dashes. Any alteration, overwriting, mutilation, cancellation, deletion in answers must be endorsed under full signatures. Please sign as per signature affixed on proposal form. Only Original Forms should be filled out and completed do not used photocopied forms.

I, _____ , Owner of the Policy No: _____ bearing NIC No : _____ , resident of _____ , request for the following specified Service(s) /Alteration(s) / Change(s) in my Policy. If required, I am prepared to complete documents / requirements as asked of me by New Jubilee Insurance Company or as required by the terms & conditions of my Policy.

☐ **A: Indexation/ No Indexation / Partial Indexation,** *(Tick the outer box if this service is required)*

☐ **Full Indexation** ☐ **No Indexation** ☐ **Partial Indexation_____%**

(Please remit all due premiums. Kindly submit **Declaration of Health & Occupation** in case the Policy is Lapsed / under Non forfeiture.)

☐ **B Changes / Alteration in Policy Benefits & Values and/ or Premium,** *(Tick the outer box if this service is required)*

Benefits	*Previous Value*	*Changed Value*
Basic Premium		
Total Premium		
Premium Payment Mode	*From :*	*To :*

(Kindly note that changes in Policy Benefits & Values and / or in Premium can only be made at Policy Anniversaries. Please remit all due premiums. Kindly submit **Declaration of Health & Occupation** in case the Policy is Lapsed / under Non - forteiture or if Sum Assured is being enhanced or Premium is being reduced or if Premium Payment mode is being changed. Please do also submit a Revised Illustration.)

☐ **C: Change in Nomination / Guardian,** *(Tick the outer box if this service is required)*

Please complete & attach **Endorsement for Nomination / Guardian Designation Form,** (Kindly note that to make changes in Nomination / Guardian your Policy must be in force with all due premiums paid. The Policy must also not have been assigned to someone else.

☐ **D Change in Correspondence Address / Telephone Number(s),** *(Tick the outer box if this service is required)*

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☐ **E: E-Mail Address as Preferred Mode of Correspondence** *(Tick the outer box and give your e-mail address if this is your preferred mode of correspondence)*

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☐ **F: Policy Assignment (Transfer) / Reassignment (Retransfer),** *(Tick the outer box if this service is required)*

☐ Policy Assignment in favour of (Bank / Financial Institution / Other) _____

☐ Policy Reassignment in favour of (Policyowner) _____

Please complete & attach Endorsement for Assignment / Reassignment Form. *(Kindly note that Policy Assignment / Reassignment can only be affected if Policy is in-force with all due premiums paid.)*

Dated: This_____ day of _____ in the year _____.

Signature of Life Assured / Signature of Policyowner

Signature of Witness with Name & NIC number

New Jubilee Life Insurance Company Limited

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