



**DECLARATION & AUTHORIZATION**

**IDBI Federal Life Insurance Co Ltd**

No request shall be deemed to be treated valid and effective unless received by IDBI Federal Life Insurance Co Ltd (hereinafter referred to as 'IDBI Federal') during the lifetime of the Insured and is finally accepted and recorded by IDBI Federal. The receipt of this form by the agent does not constitute receipt/acknowledgement by IDBI Federal.

Signature of Policy Owner (Assignee/Trustee)

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

**Customer**

I/we hereby request that this policy be changed in accordance with the above particulars with the understanding and agreement that a copy of this request shall be attached to and forms a part of the said policy.

I/we understand that (i) IDBI Federal may be unable to process this application if I/we fail to provide any further information requested by IDBI Federal and (ii) I/we have the right to obtain access to and to request correction of any personal information held by IDBI Federal concerning me/us.

Signature of Witness/Agent

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---