IDBI FEDERAL
In association with Ageas
IDBI Federal Life Insurance Co Ltd

Tradeview, Oasis Complex, Kamala City, P. B. Marg, Lower Parel (W). Mumbai - 400013.
Toll Free: 1800 102 5005 (For non-MTNL subscribers), 1800 22 1120 (For MTNL subscribers). E-mail: support@idbifederal.com.
www.idbifederal.com

APPLICATION FOR TOP UP

(Kindly fill in Block Letters)

INSTRUCTIONS

- The policyholder must sign any cancellation or alteration / overwriting.
- As per the IRDA guidelines, the cut off timings for NAV application in respect of allocation and redemption of units is 3pm. This implies that if the application for Top-up is received up to 3pm on a weekday (Monday to Friday), the same day's unit value will be applicable. However, if the application for switch is received after 3pm on a weekday then the next working day's unit value will be applicable (when the applicable day is not a valuation day or holiday, NAV of the next immediate valuation day will be considered).
- This application will not be effective until it is officially accepted by IDBI Federal Life Insurance Co Ltd
- Premium amount accepted in cash shall not exceed Rs. 49,999/-
- Total amount of Top-up premium exceeds 25% of the total regular premium paid upto that date then we will increase the sum insured to meet regulatory requirements subject to underwriting requirements.

Policy Number		Date	
Name of Policy Owner			
Mobile No.		Tel No.	

PARTICULARS OF TOP-UP / LUMPSUM INJECTION AMOUNT

MODE OF PAYMENT	☐ Cheque/DD	☐ Cash
Cheque/DD No	**Dated**	**Amount (in Rs)**
	D D / M M / Y Y Y Y	
PAN No.		

ALLOCATION OF PREMIUM TO BE INVESTED (Total must be equal to 100%)

FUND NAME	FUND ALLOCATION
Monthly Interest Account	%
Guaranteed Return Fund — Fund code — Maturity date	%
Capital Guaranteed Fund	%
Nifty Index Fund	%
Bond Fund	%
Income Fund	%
Liquid Fund (Maximum allocation to liquid fund can not exceed 40%)	%
Equity Growth Fund	%
Aggressive Asset Allocator Fund	%
Moderate Asset Allocator Fund	%
Cautious Asset Allocator Fund	%
Midcap Fund	%
Pure Fund	%
TOTAL	**100%**

I/we declare that I/we have answered the questions in this form after fully understanding the nature of the questions and the importance of disclosing all information while answering such questions. I/we further declare that the answers given by me/us to all questions in this form are true and complete in every aspect and that I/we have not withheld any material information or suppressed any fact. I/we further declare that I/we agree and understand that the lump sum injection will be effective only after the Company accepts this and communicates its acceptance in writing

Signature of Policy Owner

D D / M M / Y Y Y Y