



# AUTOSWITCHER APPLICATION FORM

(Available with unit linked insurance plans only)

Policy No./ Application No.	<input type="text"/>	In case your policy is not issued, please mention application number mentioned on the proposal form	Date	<input type="text"/>
Name of Policy Owner	<input type="text"/>		Tel No.	<input type="text"/>
Email ID.	<input type="text"/>		Mobile No.	<input type="text"/>

Note: Your email id will be registered for "Go Green" and all future communications regarding your policy/ies will be sent to this email id. This may lead to discontinuance of physical statements.

## General instructions & warnings:

- Prior to filling this form, please read the terms and conditions applicable to the AutoSwitcher service, mentioned under Part II of this application form. • Kindly fill the form in block letters. • All corrections made in the application form have to be duly countersigned.

## PART I: AUTOSWITCHER DETAILS

A. Transfer Amount: Rs \_\_\_\_\_

(Amount to be transferred each month. Minimum amount Rs 500, in multiples of Rs 100 thereafter)

B. Transfer Date:  1st  7th  14th  21st of every month

(Tick any one of the above dates)

C. From Accumulation Fund: \_\_\_\_\_

(Choose any one fund from which you would like to transfer the amount)

D. To Target Fund(s):

Fund Name	Percentage to be Transferred
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<b>Total</b>	<b>1 0 0</b> %

(Total must be 100%, allocation to any fund must be at least 15%. Capital Guaranteed Funds and Guaranteed Return Funds cannot be chosen as target funds)

E. Period for AutoSwitcher:  Till end of policy term or  for next \_\_\_\_\_ months

(Tick any one of the above. Minimum 6 months, maximum till end of policy term)

## PART II: TERMS AND CONDITIONS

1. On the receipt of this form at IDBI Federal we will notify you of acceptance and confirm the commencement date for AutoSwitcher. The commencement date will be the **transfer date**\* subsequent to our acceptance of the form.
2. The AutoSwitcher, will switch the required number of units by cancelling units from the **accumulation fund**\* and allocating units in the target fund(s)\*
3. Any units remaining in funds other than target funds and accumulation fund will not be affected by AutoSwitcher.
4. In case the value of units in the accumulation funds is lesser than the **transfer amount**\*:
  - No funds will be switched
  - On the next transfer dates and each subsequent transfer date the AutoSwitcher would check for funds availability, whenever funds are available on the subsequent transfer dates it will switch the funds, in case funds are not available in the accumulation fund on the subsequent transfer dates, no funds will be switched.
5. If the transfer date happens to fall on a non working day then the corresponding switches will take place on the next business day
6. Only one AutoSwitcher instruction can be active for a policy, if you give more than one request for Auto Switcher the earlier AutoSwitcher instruction will be stopped and the latest request will be processed
7. The AutoSwitcher will stop in the event of any one of the following scenarios
  - If the Policy is in lapse status
  - If we accept a death claim
  - On maturity of the accumulation fund
  - On completion of the period for AutoSwitcher.

\*Please indicate your choice of transfer date, accumulation fund, target funds(s), transfer amount and period for AutoSwitcher in Part I of this application form

## PART III: DECLARATION

I/we hereby authorize IDBI Federal Life Insurance Company Ltd. to switch the value of units as per details provided in this application form for Auto Switcher. I have read and understood the terms and conditions mentioned above.

I/we understand that IDBI Federal may be unable to process this application if the form is incomplete or I/we fail to provide any further information requested by IDBI Federal.

I hereby give my consent to IDBI Federal Life Insurance to contact me or send any communication related to my policy/ies on my mobile number/email ID.

I hereby give my consent to IDBI Federal Life Insurance to send any communication related to my policy/ies on my Whats App Account.

\_\_\_\_\_  
Signature of Policy Owner/Proposer (Assignee/Trustee)

Date:   /   /

## FREQUENTLY ASKED QUESTIONS

**1. Can I stop the Autoswitcher?**

- The Autoswitcher can be stopped by the policy owner anytime by giving us a written request 15 days in advance of the transfer date

**2. Can I do manual switch if I opt for AutoSwitcher?**

- Yes. Policy owner will have the facility to do a manual switch and premium redirection even if AutoSwitcher is opted.

**3. How do I change my AutoSwitcher instruction?**

- To change or amend your AutoSwitcher instruction you must first request to stop the earlier AutoSwitcher instruction and issue a new instruction. A Policy can have only one AutoSwitcher instruction active at any given time.

**4. Which funds can be chosen as target funds for AutoSwitcher?**

- Except for Capital Guaranteed Fund and Guaranteed Return Fund any other fund can be chosen as target funds for AutoSwitcher.

**5. Which funds can be chosen as accumulation funds for AutoSwitcher?**

- Any fund can be chosen as an accumulation fund for AutoSwitcher.

**6. If a Capital Guaranteed Fund or Guaranteed Return Fund is Chosen as accumulation fund, what happens on fund maturity?**

- In case the accumulation fund chosen for AutoSwitcher is either a Capital Guaranteed Fund or Guaranteed Return Fund, then AutoSwitcher will terminate on maturity of the fund

## FOR OFFICE USE ONLY

Branch: \_\_\_\_\_

Date:   /   /

Place: \_\_\_\_\_

Name of executive accepting the form: \_\_\_\_\_

Signature: \_\_\_\_\_