

Change Request Form

Sr. No	Particulars	Details
1	Branch Name	
2	Certificate of Insurance Number OR Policy Number	
3	Member ID	
4	Member Name	

Request Type (Tick Anyone)

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Change in Sum Assured	Cancellation	Bank Account Update	Nominee Update	Contact Details Change	Assignment	Policy Term	Others

(1)	New Sum Assured	Remarks
(2)	Cancellation / Surrender ¹	Remarks

1 Please ensure update bank details are provided to process request

(3)	Bank Account Update	Remarks
	Account Holder Name	
	Account Number	
	IFSC Code	
	Account Type	
	UPI ID (if available)	

(4)	Nominee Update ²	Remarks
	Name of Nominee	
	Date of Birth	DD-MMM-YYYY
	Gender	Female / Male / Transgender
	Mobile Number	
	Email ID	
	Relationship with Insured	

2 If more than one nominee, please provide details in a separate letter / sheet | Nominee(s) are the immediate relatives to receive claim amount.

(5)	Contact Details Update ²	Remarks
	New Address	
	Pin Code	
	New Mobile Number	
	New Email ID	

²Valid address proof to be provided

(6)	Assignment
	I hereby provide consent for absolute assignment of the policy to <Assignee Name>. I understand that with this assignment, all rights under my insurance policy will be vested with the assignee.

(7)	New Policy Term	Remarks

(8)	Others (Please specify)	Remarks

DECLARATION BY INSURED

I hereby give my consent to CreditAccess Life Insurance Limited to make the above changes in my policy.

I hereby give my consent to CreditAccess Life Insurance Limited to send any communication related to my policy(s) on above mentioned Mobile/Email/By calling/WhatsApp.

Insured Member Signature	
Date	

Declaration by Master Policy Holder:

We hereby declare that we have fully explained the above changes and information to the insured member and have collected all relevant documents to effect the change in the policy.

Date of Document Receipt	
Name of Staff	
Staff ID	
Signature of Staff with Company Seal	