

Life Insurance

Aditya Birla Sun Life Insurance Company Ltd.



**ADITYA BIRLA
CAPITAL**

PROTECTING INVESTING FINANCING ADVISING

GULP SWITCH OVER FORM

Group Policy Number

Name of Group Policyholder

Switch of Funds

Name of the New Investment Fund Option (s)	Segregated Fund Identification Number (SFIN)	Percentage
<input type="checkbox"/> Group Bond Fund	ULGF00530/05/03BSLIGRBOND109	%
<input type="checkbox"/> Group Fixed Interest Fund	ULGF00416/07/02BSLIGFIXINT109	%
<input type="checkbox"/> Group Gilt Fund	ULGF00630/05/03BSLIGRGILT109	%
<input type="checkbox"/> Group Growth Fund	ULGF00112/06/01BSLIGGROWTH109	%
<input type="checkbox"/> Group Growth Advantage Fund	ULGF01026/11/07BSLIGGRADV109	%
<input type="checkbox"/> Group Money Market Fund	ULGF00824/08/04BSLIGRMMKT109	%
<input type="checkbox"/> Group Secure Fund	ULGF00212/06/01BSLIGSECURE109	%
<input type="checkbox"/> Group Short Term Debt Fund	ULGF01322/09/08BSLIGSHTDBT109	%
<input type="checkbox"/> Group Stable Fund	ULGF00312/06/01BSLIGSTABLE109	%
Total		100%

Please Note: Group Growth Fund & Group Growth Advantage Fund are not available with the Unit Value Protection Benefit.

Would you like the above allocation to be applicable for your future contributions Yes No

Kindly note incase the details are not provided the future contributions would be allocated as per the last contribution received.

Please read all the following instructions before signing the form

- This service request form will not be effective until it is accepted by Aditya Birla Sun Life Insurance Company Limited (ABSLI)
- Transaction will be effected at unit price declared on the date the request is received and accepted by ABSLI's office on or before 3.00 pm IST and on the next unit price declared if the request and accepted at ABSLI's office after 3.00 pm IST or as per prevailing guidelines.
- The total percentage in fund switch should add up to 100% of the Fund Value as on date of switch, else the request will be treated as incomplete and will not be processed.
- Investment funds will be allotted as per policy provisions.
- In case of any communication please write to us at absli.grouphelpline@adityabirlacapital.com.

We hereby declare that we have read and understood the features of the Investment Fund Options chosen by us and the administrative rules of Aditya Birla Sun Life Insurance Company Limited (ABSLI) for switch of Fund Option. We hereby provide our consent for switch of Fund Option as selected by us in this Form

Signature of the Authorized Trustee(s) with Policyholder's stamp

Date

Name of the Signing Trustee(s) _____

Aditya Birla Sun Life Insurance Company Limited
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Life Insurance

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1800-270-7000

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