



Life Insurance Corporation of India

CITY BRANCH XXV, 150 Luz Church Road, Mylapore, Chennai - 600 004

Phone : 23450325 / 23450335

Date :

Name :

Phone :

Address :

Re : Policy No.....

1. Kindly change my address as mentioned below.
2. Kindly transfer my policy records to
3. Please alter the mode of Payment QLY / MLY / HLY / YLY
4. Kindly include my Policy under SSS PA
5. Kindly exclude my Policy from SS and alter the mode
6. Please issue surrender value certificates for the following policies
7. Kindly admit my real age necessary age proof enclosed.
8. Please include double accident benefit under my Policy No.
9. Please register fresh nomination / change of nomination / assignment or reassignment. Completed forms and policy enclosed.
10. Please receive my policy under Ordinary/Special / Instalment / Loan cum revival / SB cum revival.

Thanking you.

Additional Request :

Yours faithfully

↓

Signature