GENERALI Central
— LIFE INSURANCE —

CHANGE IN SIGNATURE

Policy Number | Date D D M M Y Y Y Y

Name of Policyholder (Proposer) | Salutation | First Name | Surname

Contact No. | STD | Residence | ISD | Mobile

STD | Office | Extn.

E-mail ID (Personal)

(Official)

All fields are mandatory. (Atleast one contact no. is mandatory for processing your request. The contact details mentioned above will be updated for all future communication)

eIA No.

Declaration: I hereby declare that below mentioned boxes have my signature provided on D D M M Y Y Y Y and the same is witnessed hereunder. I further state that henceforth, the signature as appended below should be considered for all future requests received for this policy.

Specimen Signature One (Old)	Specimen Signature One (New)

Specimen Signature Two (Old)	Specimen Signature Two (New)

Name of Bank

Bank Account No.

Account Holder date of birth D D M M Y Y Y Y

BANK ATTESTATION (TO BE FILLED BY BANK OFFICIALS)

Name

Emp Code of Bank Official

Branch Name & Address

Bank Stamp

ACKNOWLEDGEMENT

This is to acknowledge the receipt of application for change in signature.

Policy No

CLS ID

Date D D M M Y Y Y Y

GC Stamp

Note: You now have an option of receiving payments, if any, under your policy through electronic fund transfer. Please update your bank account details with us. To know more in this regard you may contact at any service points given below.

Generali Group's and Central Bank of India's liability is restricted to the extent of their shareholding in Generali Central Life Insurance Company Limited. Generali Central Life Insurance Company Limited (Formerly known as 'Future Generali India Life Insurance Company Limited') (IRDAI Regn. No.: 133) (CIN: U66010MH2006PLC165288). Regd. Office & Corporate Office address: Unit 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai - 400083 | Email: care@generalicentral.com | Call us at 1800 102 2355 | Website: www.generalicentrallife.com