༄༅།། འབྲུག་རྒྱལ་ཉེན་སྲུང་ལས་འཛིན་ཚད།

ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

Life Insurance Division

Form for Reduction of Sum Assured

I, ……………………………………………….., hereby request the Royal Insurance Corporation of Bhutan Limited (RICBL) to reduce the Sum Assured under the following policy:

Policy No	Existing SA	Reduced SA	Revised Premium

Declaration

I voluntarily request the reduction of the Sum Assured under the above policy. I understand and agree that, upon approval of this request, the revised Sum Assured and the corresponding revised premium shall become effective from the date of endorsement by RICBL.

I further understand and accept that all benefits payable under the policy, including death benefit, maturity benefit, surrender value, bonuses (where applicable), and any other policy benefits, shall be calculated and paid based on the revised Sum Assured and in accordance with the terms and conditions of the policy. I acknowledge that I have understood the implications of reducing the Sum Assured and agree to abide by the revised policy benefits.

Policyholder's Details		
Name		
CID No.		
Address		
Mobile No.		**Signature of Policyholder**

FOR OFFICIAL USE BY RICB					
RICB Branch Name		Date of submission	DD/MM/YYYY	KYC completed	Yes ☐ No ☐
Verified by (EID No. & Signature):					

Note: Kindly submit the KYC documents if it has not been submitted earlier.