डाक जीवन बीमा
Postal Life Insurance

Form of Exercising Option for Conversion of CWA Policy into EA Policy

(after completion of five years but within sixth year)

(Please fill in the columns in CAPITAL letters)

1. Name of Insurant (Mr./ Mrs./ Ms.)

First Name	Middle Name	Last Name

2. Occupation

3. Communication Address

Village		Taluka	
City		District	
State		Country	**PIN**

4. Particulars of Policy which has to be converted

i. Policy No.

ii. Sum Assured ₹ / -

iii. Date of Acceptance / /

iv. Premium Ceasing Age **Years**

5. Term of Endowment Assurance the insurant opts to convert the CWA policy by exercising the option

EA **(Fill here 50/ 55/ 58 in case of PLI or 50/ 55/ 58/ 60 in case of RPLI policy)**

I, _____ (Name) the holder of aforesaid policy agree to pay the premium on enhanced rate towards my policy on conversion to Endowment Assurance and also abide to accept the terms & conditions prescribed in Post Office Life Insurance Rules-2011, as amended time-to-time by Director General of Posts.

Date:_____

Signature of Insurant
Name:……
Phone no.: ……
Office:……
Residence: ……
Mobile no.: ……

Documents attached:

a) Policy document duly
b) Premium Receipt Book
d) Certificate of Pay Disbursing Officer regarding recovery of premia from pay for the last six months.