



Amend Combo Policies If No, Policies will change to Single

#### POLICY AMENDMENT REQUEST FORM

SECTION A (PLEASE FILL THE FORM IN CAPITAL LETTERS)

### **1**. Change in Address / Personal Update

Current Address	Permanent Address	Work Address		
Address:				
Landmark:				
City:		PIN Code:		
State:		PAN:		
Mobile No.:		Tel. No.:		
E-mail ID:				
(Kindly share a vali	id E-mail ID to receive prog	press update and closure confir	mation on your rec	quest)
-	ur preference for preferred		Permanent	Work
	•	naar, Voter ID, Driving License, spective of annualized premiun	•	GA Job Card) having

Aadhaar card / letter issued by UIDAI or National	Passport	
Population Register (NPR) containing details of name, address and Aadhaar number	Voters ID card issued by Election Commission of India	
Job card issued by NREGA duly signed by an officer of the State Government	Driving License	

#### 2. Change in Name

Policyholder	Life Insured	Company Name	Assignee	
Title				
First Name				
Middle Name				
Last Name				

Request to submit the following additional documents along with a duly signed Policy Amendment Form

### For Individual Name Change:

Affidavit on stamp paper (according to the state value) attested by First Class Magistrate / Notary and copy of marriage Certificate / marriage card (for name change after marriage) Affidavit on stamp paper (according to the state value) attested by First Class Magistrate / Notary and proof for name change.

#### For Company Name Change:

Certified true copy of Memorandum and Articles of association of the Company along with a certified true copy of certificate of incorporation issued by Registrar of Companies.



## **SECTION A**

I fully understand the meaning and scope of the Policy Amendment Request form and the questions / amendment requests contained above and submitting the completed Policy Amendment Request form of my own volition.

I hereby authorise Max Life to process my payouts to my Aadhaar linked Bank Account and to use the same to validate / update my KYC details. I accept to receive all future communication from Max Life Insurance through E-mail ID only (strike if you want to continue with hard copy).

"In case the Policyholder provides incomplete or incorrect information in this form, the company will not be held liable for any delay arising due to such incorrect / incomplete information." Also, the relevant processing will be applicable from the date of complete requirements / documents received by Max Life Insurance.

"I / we understand that, I / we have disclosed my / our personal information (which may include Aadhaar related information) with Max Life for the purpose of providing insurance and related services and I / we hereby consent and authorise Max Life to use, for the purposes of underwriting assessment, claim investigation / settlement, KYC and policy servicing purposes, as per applicable law."

Signature of Policyholder / Assignee: \_\_\_\_\_



Place:

\_\_\_\_\_ (should match with policy records)

**Note:** In case, policy is issued under Married Women Property Act (MWPA, Section 5), please share the consent from Wife / Trustee / Legal heir.

**Vernacular Declaration:** In case policyholder's signatures is in the form of a thumb impression (left thumb) or in a vernacular language, I hereby declare that I have fully explained the contents of this form to the policyholder and that left thumb impression / signature of the policyholder has been appended after fully understanding the contents of this form.

#### Name & Address of Declarant: \_\_\_\_\_

Date: DDMMYYYY Place:	
Signature:	GO Stamp Signature Verified
POLICYHOLDER ACKNOWLEDGEMENT SLIP Policy Number:	Type of request:
Received by:	Date: DDMMYYYYY
Time of Receipt:	Employee Code:
Signature:	GO Stamp Signature Verified



### **SECTION B**

Policy Number:	Mobile No.:
E-mail ID:	
Name of Policy Holder/Assignee:	
Name of Life Insured:	
(Kindly share a valid E mail ID to receive progress update and c	locure confirmation on your request)

(Kindly share a valid E-mail ID to receive progress update and closure confirmation on your request)

Amend Combo Policies If no, then policies will change to

'ES NO

### Is new nominee a Politically Exposed Person\* (Yes / No) Please tick

\* Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions, for example Heads / Ministers of Central / State Government, Senior Politicians, Senior Government / Judicial / Military Officers, Senior executive of State-Owned Corporations, Important political party officials & immediate family member of above persons (Spouse, Children, Parents, Siblings, In-laws).

From	То	Relationship	Date of Birth DD/ MM/YY	% Share

Note: If nominee is a minor; below the age of 18 years please name a person (Appointee) to receive policy proceeds in the event of death of Life Insured, while the nominee is still a minor. Please provide following information for "Appointee."

Name of Appointee:								
Relationship to Nomir	nee:							
Address:								
Appointee DOB:				_ Appoi	ntee's Signa <sup>.</sup>	ture:		
4. Change in Premiun	<b>n Mode</b> (Tick	the prefe	rred Mode	e)				
Monthly	Quarterly		Se	emi-annual	] A	Annual		
Terms & Conditions								
• For Other than Ar through ECS or Cre			2		ndatory i.e	the method of	f payment shou	ıld be
• Change of Mode is from time to time.	s subject to t	he Terms	and Cond	ditions of the	Policy Contr	act or determi	ined by the Con	npany

#### 5. Change in Premium Payment Method (Tick to indicate Method required)

Cash / cheque Direct Debit (Completely filled ECS mandate required)

\*Remittances of premium by cash should not exceed ₹ 50,000

**Note:** In case Policyholder wants to change from auto debit to direct bill, then the bank statement of last three months is required to validate if the ECS account is also the NEFT account of the policyholder. In case the account is not active, the bank statement of the last three months and a cancelled cheque are required from another account of the policyholder to enable the update of NEFT details.



Signature: \_\_\_\_\_

### **SECTION B** 6. Change in Bonus Option (Tick to indicate the Bonus option required) Cash / cheque Premium offset Paid-up addition (PUA) 7. Change in Non-Forfeiture option (Tick to indicate the NFO required) Extended Term Insurance Reduced Paid-up I fully understand the meaning and scope of the Policy Amendment Request form and the questions / amendment requests contained above and submitting the completed Policy Amendment Request form of my own volition. I hereby authorise Max Life to process my payouts to my Aadhaar linked Bank Account and to use the same to validate / update my KYC details. I accept to receive all future communication from Max Life Insurance through E-mail ID only (strike if you want to continue with hard copy). "In case the Policyholder provides incomplete or incorrect information in this form, the company will not be held liable for any delay arising due to such incorrect / incomplete information." Also, the relevant processing will be applicable from the date of complete requirements / documents received by Max Life Insurance. "I / we understand that, I / we have disclosed my / our personal information (which may include Aadhaar related information) with Max Life for the purpose of providing insurance and related services and I / we hereby consent and authorise Max Life to use, for the purposes of underwriting assessment, claim investigation / settlement, KYC and policy servicing purposes, as per applicable law." Signature of Policyholder / Assignee: \_\_\_\_ \_\_\_\_\_ (should match with policy records) Date: D || D | M || M || Y || Y || Y || Y Place: Note: In case, policy is issued under Married Women Property Act (MWPA, Section 5), please share the consent from Wife / Trustee / Legal heir. Vernacular Declaration: In case policyholder's signatures is in the form of a thumb impression (left thumb) or in a vernacular language, I hereby declare that I have fully explained the contents of this form to the policyholder and that left thumb impression / signature of the policyholder has been appended after fully understanding the contents of this form. Name & Address of Declarant: \_\_\_\_ Date: D D M M Y Y Y Place: \_\_\_\_ GO Stamp Signature: \_\_\_\_\_ Signature Verified \_\_\_\_\_ POLICYHOLDER ACKNOWLEDGEMENT SLIP Policy Number: Type of request: \_ Date: D D M M Y Y Y Y Received by: \_\_\_\_\_ Time of Receipt: \_\_\_\_\_ Employee Code: \_\_\_\_\_ GO Stamp

Signature Verified



## SECTION C

Policy Number:	Mobile No.:
E-mail ID:	
Name of Policy Holder/Assignee:	
Name of Life Insured:	

(Kindly share a valid E-mail ID to receive progress update and closure confirmation on your request)

1. Addition / Change of Rider A – Addition C - Cha

C - Change D - Deletion

Α	с	D	Rider (Tick to Indicate)	Term	Coverage Amount	Effective Date (DD/MM/YY)	Current Occupation
Prem	ium A	Amoui	nt (without Service Tax and	l Educatio	on Cess)		Policyholder Request Date (DD/MM/YY)
Servi	ce Ta	x and	Education Cess				
Total	Prem	ium F	Payable (with Service Tax a	nd Educa	ition Cess)		

#### Note:

- Health Declaration form is required for any addition of rider. Life Insured may be required to undergo medical tests.
- Completely filled pay or questionnaire and duly attested date of birth proof is required for Addition of payor rider.
- Any addition of rider / option is subject to company underwriting the risk or realization of premium whichever is later and the company shall not be liable until such time it has underwritten the risk and issued the rider / option contract to the policyholder.

I understand and agree that the change request by me will be accepted by the Company subject to the terms and conditions of the policy contract.

I fully understand the meaning and scope of the Policy Amendment Request form and the questions / amendment requests contained above and submitting the completed Policy Amendment Request form of my own volition.

I hereby authorise Max Life to process my pay-outs to my Aadhaar linked Bank Account and to use the same to validate / update my KYC details. I accept to receive all future communication from Max Life Insurance through E-mail ID only (strike if you want to continue with hard copy).

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## SECTION C

"I / we understand that, I / we have disclosed my / our personal information (which may include Aadhaar related information) with Max Life for the purpose of providing insurance and related services and I / we hereby consent and authorise Max Life to use for the purposes of underwriting assessment, claim investigation / settlement, KYC and policy servicing purposes, as per applicable law."

Signature of Policyholder / Assignee:		(should match with policy records)
Date: DD MM YYYY	Place:	
Note: In case, policy is issued under Married Women	n Property Act (MWPA, Sec	ction 5), please share the consent from Wife / Trustee / Legal heir.
	is form to the policyholder	numb impression (left thumb) or in a vernacular language, I hereby r and that left thumb impression / signature of the policyholder has
Name & Address of Declarant:		
Date: D D M M Y Y Y Y	Place:	
Signature:		GO Stamp Signature Verified

POLICYHOLDER ACKNOWLEDGEMENT SLIP

Signature: \_\_\_\_\_

Policy Number:	Type of request:
Received by:	Date: DD MM YYYY
Time of Receipt:	Employee Code:

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	GO Stamp	
	Signature Verified	
	0	



### SECTION D

Policy Number:	Mobile No.:
E-mail ID:	
Name of Policy Holder/Assignee:	
Name of Life Insured:	

(Kindly share a valid E-mail ID to receive progress update and closure confirmation on your request)

9. Switching of funds		10. Redirection of Funds				
I authorise Max Life			I authorise Max Life			
insurance to invest all			Insurance to invest			
existing premium in			all future premium in			
proportion as mentioned			proportion as mentioned			
below			below			
Name of Fund (depends	From (%	To (% or	Name of Fund (depends	From (%	To (% or	The
upon availability of funds	or	Amount)	upon availability of funds	or	Amount)	request for
in Plan)	Amount)		in Plan)	Amount)		redirection
Secure Fund			Secure Fund			or
Growth Fund			Growth Fund			switching
Growth Super Fund			Growth Super Fund			of funds
Balance Fund			Balance Fund			will be accepted
Conservative Fund			Conservative Fund			subject to
Dynamic Opportunity Fund			Dynamic Opportunity Fund			Terms and
Secure Plus Fund			Secure Plus Fund			Conditions
Others (if specify)			Others (if specify)			of Policy
						Contract
	Total of F	und invest	ment percentage should be 1	00%		

I fully understand the meaning and scope of the Policy Amendment Request form and the questions / amendment requests contained above and submitting the completed Policy Amendment Request form of my own volition. I hereby authorise Max Life to process my payouts to my Aadhaar linked Bank Account and to use the same to validate / update my KYC details. I accept to receive all future communication from Max Life Insurance through E-mail ID only (strike if you want to continue with hard copy).

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### **SECTION D**

Signature of Policyholder / Assignee: \_\_\_\_

\_\_\_\_\_ (should match with policy records)

Date: D D M M Y Y Y Y

Place: \_\_\_\_\_

Note: In case, policy is issued under Married Women Property Act (MWPA, Section 5), please share the consent from Wife / Trustee / Legal heir.

**Vernacular Declaration:** In case policyholder's signatures is in the form of a thumb impression (left thumb) or in a vernacular language, I hereby declare that I have fully explained the contents of this form to the policyholder and that left thumb impression / signature of the policyholder has been appended after fully understanding the contents of this form.

Name & Address of Declarant: \_\_



Place: \_\_\_\_\_

Signature: \_\_\_\_\_

GO Stamp Signature Verified

POLICYHOLDER ACKNOWLEDGEMENT SLIP	
Policy Number:	Type of request:
Received by:	Date: DD MM YYYY
Time of Receipt:	Employee Code:
Signature:	GO Stamp Signature Verified

\_\_\_\_\_



### **SECTION D**

11. (i) Surrender of Pa	aid Up Addition (PUA)	(ii) Bank Details of the Policyholder - Mandatory
└──┘ PUA of ₹		MICR Code
Adjust accumulated PUA amount		Bank Name
Towards Renewal premium for Policy		Bank Account No.
Note: Policy should be active at the time of submitting the PUA Surrender request. In case policy is inactive, please get the policy reinstated before submission of PUA request.		IFS Code
		PAN Note: Kindly attach a cancelled cheque bearing account number and Policyholder name or copy of Bank Passbook
		194DA of Income Tax Act prevailing at the time of payment. If you are an NRI, s form and TDS will be governed in accordance to Section 195.
	12. De	eactivation of STP / DFA
Deactivation of STP	Deactivation of D	*STP (Systematic Transfer Plan) / DFA (Dynamic Fund Allocation)         (Note: Both are allowed on policy anniversary only)
	13. Partial Sur	render/Smart Withdrawal Option
Note: - The Company will acc Contract.	ept the request for partial surr	ender/Smart Withdrawal Option subject to the terms and conditions of the Policy
Name of the fund	Amount to be withdrawn/Percentage	II. Bank Details of the Policyholder - Mandatory
		Type of Bank Account: Savings Current NRO NRE
		Bank Name
Smart Withdrawal Option		Bank Account No.
Smart Withdrawal Payout Date: DD MM YYYY		
Smart Withdrawal Payo		IFS Code
Smart Withdrawal Payo (please specify policy y	out Date: DD MM YYYY	IFS Code
(please specify policy y Frequency of Smart	out Date: DD MM YYYY ear here) Withdrawal Payouts:	
(please specify policy y Frequency of Smart Annual/Semi Annual/Qu	out Date: DD MM YYYY ear here) Withdrawal Payouts: iarterly/Monthly	
(please specify policy y Frequency of Smart	out Date: DD MM YYYY ear here) Withdrawal Payouts: iarterly/Monthly	Bank Address



### **SECTION E**

Policy Number:	Mobile No.:         Image: Comparison of the compari
E-mail ID:	
Name of Policy Holder/Assignee:	
Name of Life Insured:	
(Kindly share a valid E-mail ID to receive progre	ess update and closure confirmation on your request)
I	ured (applicable only if Life Insured has turned major) ; hereby confirm the valid discharge of the requested nold Max Life Insurance liable for any further claim in future.
payouts towards the above rolicy and will not r	
Date: DD MM YYYY Place:	Signature:
	ne Policy Amendment Request form and the questions / amendment completed Policy Amendment Request form of my own volition.
	youts to my Aadhaar linked Bank Account and to use the same to eive all future communication from Max Life Insurance through E-mail d copy).
liable for any delay arising due to such incorr	or incorrect information in this form, the company will not be held rect / incomplete information." Also, the relevant processing will be ents / documents received by Max Life Insurance.
information) with Max Life for the purpose of p	my / our personal information (which may include Aadhaar related roviding insurance and related services and I / we hereby consent and underwriting assessment, claim investigation / settlement, KYC and"
Signature of Policyholder / Assignee	(should match with policy records)

\_\_\_\_\_ (should match with policy records) Signature of Policyholder / Assignee: \_\_\_\_



Place: \_\_\_\_\_

Note: In case, policy is issued under Married Women Property Act (MWPA, Section 5), please share the consent from Wife / Trustee / Legal heir.



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#### Name & Address of Declarant: \_\_\_\_

Date: DDMMYYYY	Place:	
Signature:		GO Stamp Signature Verified

POLICYHOLDER ACKNOWLEDGEMENT SLIP	
Policy Number:	Type of request:
Received by:	Date: DDMMYYYYY
Time of Receipt:	Employee Code:
Signature:	GO Stamp Signature Verified

\_\_\_\_\_



### **SECTION F**

Policy Number:			Mobile No.:		
E-mail ID:					
Name of Policy Holder/	Assignee:				
Name of Life Insured:					

(Kindly share a valid E-mail ID to receive progress update and closure confirmation on your request)

	15. Change in Signature			
1	, hereby declare that b	elow mentioned specimen signature		
provided on day of 20 and the same witnessed hereunder duly attested				
by Bank authority. I further state that henceforth, the signature as appended below should be considered for all				
future requests.				
Old Signature	New Signature with Bank Attestation	Bank Seal (Bank Attestation)		
Note: Please attach acceptable self-attested Photo Identity Proof, specimen signature form and affidavit on ₹ 100/- stamp paper stating,				

"Change of Signature."

# 16. Change in Plan / Policy Term

Plan Change	Change in Policy Term
Existing / Old Plan details	New Plan details
Plan Name	Plan Name
Policy Term Year Premium Paying Term Year	Policy Term Year Premium Paying Term Year
Base Sum Assured	Base Sum Assured
Rider Sum Assured	Rider Sum Assured
Rider Term (No. of years)	Rider Term (No. of years)
Rider Term	Rider Term
Change in Premium Frequency (Annual, Semi-Annual,	Change in Premium Frequency (Annual, Semi-Annual,
Quarterly, Monthly)	Quarterly, Monthly)
Note: New proposal form and Illustration is mandatory (duly signed by one ULIP to another ULIP or vice-versa.	Policyholder) in case Plan is getting changed from Traditional to ULIP,



SECTION F				
	17. Cha	hange in Sum Assured		
Increase in Sum Assured	Decrease in	in Sum Assured Revised Sum assured		
Increase in Sum assured under Volunteer Top Up	Volunteer T	Top Sum Assured     Life Stage Benefit option- Increase Sum Assured		
I hereby deposit ₹ against Premium in lieu of Increase in Sum Assured. Note: Change in Sum assured / Death benefit can be made subject to Policy Terms and Conditions.				
18. NEFT Update		II. Bank Details of the Policyholder - Mandatory		
I Mr. / Ms hereby request you to update my b details as per the details given he against Policy No disbursement and transfer of Contracto outs through NEFT.	pank a/c T ere with for B ual pay- B If B P N	MICR Code   Type of Bank Account: Savings   Current   NRO   Bank Name   Bank Account No.   IFS Code   Bank Address   PAN Note: Kindly attach a cancelled cheque bearing account number and Policyholder name or copy of Bank Passbook		
Disclaimer: TDS will be applicable in accordance to Section 194DA of Income Tax Act prevailing at the time of payment. If you are an NRI, please fill up the NRI declaration, available at the end of this form and TDS will be governed in accordance to Section 195.				

I fully understand the meaning and scope of the Policy Amendment Request form and the questions / amendment requests contained above and submitting the completed Policy Amendment Request form of my own volition.

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Signature of Policyholder / Assignee:	(should match with policy records)
Date: DD MM YYYY	Place:

Note: In case, policy is issued under Married Women Property Act (MWPA, Section 5), please share the consent from Wife / Trustee / Legal heir.



## **SECTION F**

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Name & Address of Declarant:

Signature: \_\_\_\_\_

Date: DD MM YYYY Place:	
Signature:	GO Stamp Signature Verified
POLICYHOLDER ACKNOWLEDGEMENT SLIP	
Policy Number:	Type of request:
Received by:	Date: DDMM YYYY
Time of Receipt:	Employee Code:

(	
	GO Stamp
	Signature Verified



### **SECTION G**

Policy Number:			Mobile No.:			
E-mail ID:						
Name of Policy Holder/Ass	signee:					
Name of Life Insured:						

(Kindly share a valid E-mail ID to receive progress update and closure confirmation on your request)

19. (i) Surrender of OPPB	(ii) Bank Details of the Policyholder - Mandatory				
Refund the amount accumulated against OPPB of ₹					
Adjust accumulated OPPB amount of	Type of Bank Account: Savings Current NRO NRE				
₹	Bank Name				
Towards Renewal premium for Policy no.	Bank Account No.				
Note: Policy should be active at the time of submitting the	IFS Code				
PUA Surrender request. In case policy is inactive, please get the policy reinstated before submission of PUA request.	Bank Address				
	Note: Kindly attach a cancelled cheque bearing account number and Policyholder				
	name or copy of Bank Passbook				
	194DA of Income Tax Act prevailing at the time of payment. If you are an NRI, s form and TDS will be governed in accordance to Section 195.				
No Objection Certificate from Life Insured (appl					
I	; hereby confirm the valid discharge of the requested payouts				
	Life Insurance liable for any further claim in future.				
Date:         D         M         Y         Y         Y         Place:         Signature:					
	Policy Reconsideration				
Please tick the appropriate option:					
Change in family details Change in occupation Disclosure of disease Photo update					
Change in height and weight Disclosure of smoking status Change of work country					
Disclosure of other insurance details	Change of income details Disclosure of drinking habits				
Others					
Details / revised update for option selected					

**Note:-** Policy should be active for reconsideration and any amendment or modifications are subject to underwriting decision as per Policy term & conditions. Please attach all relevant and supporting documents.



## **SECTION G**

I fully understand the meaning and scope of the Policy Amendment Request form and the questions / amendment requests contained above and submitting the completed Policy Amendment Request form of my own volition.

I hereby authorise Max Life to process my payouts to my Aadhaar linked Bank Account and to use the same to validate / update my KYC details. I accept to receive all future communication from Max Life Insurance through E-mail ID only (strike if you want to continue with hard copy).

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\_\_\_\_\_ (should match with policy records)

Signature of Policyholder / Assignee: \_\_\_

Date: DDMM YYYY

Note: In case, policy is issued under Married Women Property Act (MWPA, Section 5), please share the consent from Wife / Trustee / Legal heir.

Place: \_\_\_\_

**Vernacular Declaration:** In case policyholder's signatures is in the form of a thumb impression (left thumb) or in a vernacular language, I hereby declare that I have fully explained the contents of this form to the policyholder and that left thumb impression / signature of the policyholder has been appended after fully understanding the contents of this form.

### Name & Address of Declarant: \_\_\_\_

Date: DD MM YYYYY	Place:
Signature:	GO Stamp Signature Verified
POLICYHOLDER ACKNOWLEDGEMENT SLIP Policy Number:	Type of request:
Received by:	
Time of Receipt:	
Signature:	GO Stamp Signature Verified



## SECTION G

Please fill below table for residency declaration:

SETTLEMENT				
Settlement payout mode				
Monthly	Quarterly	Semi-Annual	Annual	
Settlement Term (in years)				
1	2	3	4	

#### Note:

- 1) TDS would be applicable as per prevailing rate basis country of residence, submission of above details and compliance under provision of Section 10(IOD) / Section 10(10A) of the Income Tax Act, 1961.
- 2) In case of non-availability of PAN, no TDS certificate will be issued.

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Signature of Policyholder: \_\_\_\_\_

Date: D D M M Y Y Y Y

Place: \_\_\_\_\_

Note: In case, policy is issued under Married Women Property Act (MWPA, Section 5), please share the consent from Wife / Trustee / Legal heir.



### **SECTION H**

	Yes / No
a. If Non-Resident (NR) as per Indian Income Tax Act, 1961	
b. If Yes	
(i) Country of Residence	
(ii) Do you have PAN Card (If Yes, please provide)	
(iii) If Tax Residency Certificate (Certificate issued by Govt. of respective)	
(iv) Signed form 10F (format attached)	
(v) Permanent Establishment declaration (format attached)	

#### Note:

1) Payment method through electronic payment mode (NEFT) only. (Cancel cheque required)

2) Minimum term for the Settlement option is 1 year & maximum is 5 years.

3) First payout will start from the policy maturity date as per the opted payout and settlement term.

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Signature of Policyholder: \_



Place: \_\_\_\_\_

Note: In case, policy is issued under Married Women Property Act (MWPA, Section 5), please share the consent from Wife / Trustee / Legal heir.







Login to manage your policy maxlifeinsurance.com/customer-service



Write to us at maxlifeinsurance.com/contact-us

Follow us 🦸 🎔 🔘 D

Important: DO NOT believe in calls, SMS, E-mail offering discounts. For NEFT Payments, please transfer only to "HSBC Bank A/C No. 1165<Followed by 9 digit Policy No.> IFS Code: HSBC0110002". Max Life does not collect Premium in any other account. Max Life Insurance Co. Ltd.: Plot No. 90C, Sector 18, Udyog Vihar, Gurugram, Haryana - 122015. Regd. Office: 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab - 144 533. Fax: 0124-4159397, CIN: U74899PB2000PLC045626 | CUSTOMER HELPLINE NUMBER: 1860 120 5577

YOU ARE THE DIFFERENCE

#### BEWARE OF SPURIOUS / FRAUD PHONE CALLS!

Call us at 1860 120 5577

• IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums • Public receiving such phone calls are requested to lodge a police complaint