

	(Please	wri	ite i	in B	LO			LTH FTER									st k	ea	r f	ull s	ign	atu	re)						
Policy Numb	er(s):																												
Any simultar	neous request	for	rei	inst	aten	ner	nt g	iven.	(lf y	yes, s	spe	cify	the	poli	cy ni	umk	er/	's):											
proposer and	nould contain d the Life Ass edical reports,	sure	ed t	to d	lisclo	se	all	rele	/an	t (ma	ater	ial)	fac	ts, in	res	oon						_					_	_	
☐ Revival		□ Тор Uр									☐ Increase in Rider Sum Assured																		
☐ Rider Ad	dition rider se	elec	ted	l] Inc	rea	se ir	ı SA	4															
Request Type		Sum A				Assu	ssured Pol				icy T	icy Term					Premium Paying Term												
					Fro	m			٦	Го		Fı	om	ı			То				F	ron	1			Ţ	ō		
Base Plan				-																				_					
	Death Benefit	t													_									\dashv					
Critical Illne															_									\dashv					
Term Rider WOP Rider															_									\dashv					
Supra															_									\dashv					
Top Up															_									_					
	vival, provide	the	re	250	n fo	r I	ans	e of	 ⊃∩li	icy/R	ide	r?																	
in ease of Re	vivai, provide					_	арз		<u> </u>	10 / 1		· · _																	_
										SEC	TIC	DN-	Α																
		Р	olic	yhc	older										Ir	nsur	ed												
Title		M	1r.		Mr	s.		Ms.		0	the	rs			M	lr.		М	lrs.		M	1s.		C	Othe	rs			
	First																												
Name	Middle																							T					
	Last																							T		T			
Current reside	ntial address																							+			+		
														+										+		\vdash	+		
		P	1	N	С	0	D	E							P	<u> </u>	N	С	C	D	E			+		-			
Contact No.		'	ļ .			_		_						+	+	⊥ . ≥I. N					 -			+		+			
Alternate cor	ntact number														+											+			
Present occup			1 -			_				<u> </u>					╁	1 -			_	1.		<u> </u>							
Present occup	Jation details							f-em	•	•] S∈									
								ısew																	Stu		t		
		L	ΙA	gric	ultu	rist	: L] Oth	ers	S					╎┖	J A	gric	ultı	uri	st L	(Oth	ers	_		—	—		—
Name of orga	anization																												
Job Title																													
Nature of du	ties																												
Annual Incom	ne in INR																												
Nationality		☐ Indian ☐ Non-Residential Indian/☐ National ☐ Overseas Citizenship of India/☐ Foreign ☐ Person of Indian Origin								☐ Indian ☐ Non-Residential Indian/ ☐ National ☐ Overseas Citizenship of India/ ☐ Foreign Person of Indian Origin								a/											

Country of re	esidence													
E-Mail ID														
					SECT	ON-B								
Height (cms): Weight (Kgs):											holder	older Insured		
Tick mark "Yes" or "No" for the below mentioned questions:											No	Yes No		
1) Has your weight changed more than 5 Kgs in past 1 year?														
Have you ever been convicted or are you under investigation for any criminal charges? Details:									arges?					
3) Do you participate or do you intend to participate in any hazardous activities as part of your Occupation/Sports/Hobby, such as parachuting, flying, mountaineering, car racing, etc? If yes, please provide details:									· · ·					
4) In the next 12 months, do you intend to travel or reside abroad, other than on holiday of more than 4 weeks? If yes, please provide details including countries, cities, purpose and duration of stay:								-						
5) Is the Life Insured/Proposer/Nominee/Payor a Politically Exposed Person*? If yes, then fill PEP questionnaire.								es, then fill						
6) Do you have any life or health/accident, critical illness, or disability insurance proposal/policy and/or any proposal for reinstatement that is issued/pending/simultaneously applied lapsed/declined, postponed or accepted at extra premium or modified terms with Axis Max Life Insurance or any other insurance company?							isly applied/							
If yes, please provide the proposal numbers/policy numbers/company name/product name/Sums Assured/terms of acceptance/risk commencement date/current status. Use Annexure for more details:														
Proposal NumberCompany NameProduct NameSum AssuredTerm of AcceptanceCurrent Status								Reason of decline/postpone/ extra premium						
SECTION-C (Policyholder column should also be answered if payor rider is present)														
SI	ECTION-C (F	Policyho	older co	lumn	should	also be	ans <u>v</u>	vered <u>i</u>	f payor ri <u>d</u>	er is p	ore <u>sen</u>	t)		
SI	ECTION-C (F	Policyho	older co	lumn	should	also be	ansv	vered i	f payor rid		resen	t) Life In	sured	
	ECTION-C (F					also be	ansv	vered i	f payor rid				sured No	
Tick mark "You" 1) Has any of such as D		the below or sibling tension, (w mention gs ever dia Cancer, H	ned qu agnose eart at	estions: ed before ttack, Stro	the age o	of 60 vey dis	with con	nditions cluding	Policy	holder	Life In		
Tick mark "You 1) Has any o such as D stones), M	es" or "No" for f your parents iabetes, Hyper	the below or sibling tension, (iis or any	w mention gs ever dia Cancer, H other her	ned qu agnose eart at editary	lestions: ed before ttack, Stro y disorde	the age o ke, Kidne ?? If "Yes"	of 60 very dis	with con ease (ex details:	nditions cluding	Policy	holder	Life In		
Tick mark "Ye 1) Has any o such as D stones), M 2) Have you a) Chest	es" or "No" for If your parents iabetes, Hyper Iultiple Scleros	the below or sibling tension, (sis or any estigated	w mentiongs ever dia Cancer, Hoother her	ned qu agnose eart at editar	lestions: ed before ttack, Stro y disorde nosed wi	the age ooke, Kidner? If "Yes"	of 60 yey dise, give	with con ease (ex details: ollowing	nditions cluding ————————————————————————————————————	Policy	holder	Life In		
Tick mark "You such as D stones), M	es" or "No" for if your parents iabetes, Hyper fultiple Scleros ever been inve Pain, stroke, h heart condition tes, any Hormo	the below or sibling tension, on is or any estigated teart attach onal disor	w mentiongs ever dia Cancer, H other her , treated c ck, murmu	ned quagnose eart at reditary or diagur, Hyp	lestions: ed before ttack, Stro y disorder nosed with pertension	the age o oke, Kidne r? If "Yes" th any of n or high	of 60 sey disey dise	with con ease (ex details: ollowing	nditions cluding conditions?	Policy	holder	Life In		
Tick mark "Ye 1) Has any or such as D stones), N 2) Have you a) Chest other b) Diabe c) Asthmorespira	es" or "No" for f your parents iabetes, Hyper fultiple Scleros ever been invented pain, stroke, heart condition tes, any Hormona, bronchitis, tatory condition	the below or sibling tension, (is or any estigated eart attach onal disor	w mentiongs ever dia Cancer, H other her , treated o ck, murmo rders such	ned quagnose eart at reditary or diagour, Hypen as the steet contact of the steet contact and the steet contact are steet contact and the steet contact are steet and the steet are steet and the steet are steet and the steet are steet ar	ed before ttack, Stro y disorder nosed with pertension yroid disc ough, sho	the age ooke, Kidner? If "Yes" th any of or high orders orders	of 60 yey dise, give the footblood	with conease (exectle details:	nditions cluding conditions? re or any	Policy	holder	Life In		
Tick mark "Ye 1) Has any or such as D stones), M 2) Have you a) Chest other b) Diabe c) Asthmorespira d) Liver of	es" or "No" for if your parents iabetes, Hyper fultiple Scleros ever been inve Pain, stroke, h heart condition tes, any Hormo	the below or sibling tension, (is or any estigated eart attach onal disor	w mentiongs ever dia Cancer, H other her , treated o ck, murmo rders such	ned quagnose eart at reditary or diagour, Hypen as the steet contact of the steet contact and the steet contact are steet contact and the steet contact are steet and the steet are steet and the steet are steet and the steet are steet ar	ed before ttack, Stro y disorder nosed with pertension yroid disc ough, sho	the age ooke, Kidner? If "Yes" th any of or high orders orders	of 60 yey dise, give the footblood	with conease (exectle details:	nditions cluding conditions? re or any	Policy	holder	Life In		

	Any abnormal growth like tumors, lump, cancer or blood disorder, including anemia or thalassemia		
g)	Any kind of kidney or bladder disorder, including kidney failure, renal stone, nephritis or prostrate disorder or disorder of eye, ear, nose , throat		
h)	Any neurological or mental health problem like paralysis, multiple sclerosis, Parkinson's, epilepsy, depression or anxiety		
i)	Muscular-skeletal or joint disorders, including any kind of arthritis, gout, osteoporosis or congenital defect/abnormality/physical deformity/handicap		
	Are you having history of any hospitalization, treatment or investigation or if you have any ailment/injury/accident requiring treatment/medication or availed leave for more than 5 days on medical grounds in the last two years?		
k)	Have you been advised now, or in last 5 yrs have you undergone tests like X-Ray/CT scan/MRI/Ultrasonography/ECG/Blood test/mammogram, Biopsy/FNAC or any other investigatory or diagnostic tests, or any type of surgery?		
·	For female lives only: i) Are you pregnant? If yes, then how many months pregnant? ii) Have you ever suffered/are suffering from or have undergone investigations or treatment for any gynecological/pregnancy complications? If yes, then provide details:		
m)	Are you suffering from any other illness or undergoing any investigation/treatment other than mentioned above? If yes, then give details below:		
3) Do	es the Life Assured/Proposer consume/has consumed any of the following:		
a)	Do you currently or in the past consumed/quit tobacco in any form such as cigarettes/bidi/chew tobacco/pan masala, etc. If yes, please specify duration since when & quantify consumed per day/quit since:		
b)	Do you consume alcohol in any form such wine/beer/hard liquor or ever been advised to quit alcohol? If yes, please specify duration since when & quantity consumed per day/quit since:		
c)	Are you consuming/ever used any Narcotics or any other drug?		
Note: I	Please provide details if any of the above question is acknowledged as "Yes".		

SECTION-D

Declaration: I /We declare and confirm that the information provided (including the Life Insured's health and habits) herein are true and complete and will form the basis of a revival or coverage under the policy or rider with Axis Max Life Insurance Ltd (Company). I/We have not withheld any facts or information that could affect the risk assessment. Any misrepresentation or omission may lead to the cancellation of coverage and forfeiture of payments, as per Section 45 of the Insurance Act, 1938 (as amended). I/We understand the cover will not begin until the insurer accepts the application, and errors at the claim stage may invalidate claims. I/We agree to pay any statutory levies or indirect taxes now or in the future. I/ We will notify the insurer of any changes in occupation, financial, or health conditions that may affect underwriting, revival, rider addition, or increase in coverage. I/We authorize the insurer to adjust coverage terms based on the final premium and acknowledge that the Policy or rider will be govern by the final terms. I/We authorize the insurer to receive, store, process, and share all information and documents including my personal information, loan and income-related documents, with doctors, hospitals, past or present employers, other insurance companies, and relevant entities (both within and outside India), IIB, including government bodies, insurers, reinsurers, TPAs, and the National Health Authority (NHA), for underwriting, claim settlement, and policy servicing or other purposes. I/We understand Axis Max Life Insurance may reject my proposal without providing reasons. I/We further authorize the Company to conduct screening/ confirmation/ reconfirmation of overall status of the Life Insured including the health status through medical examinations, including lab tests, cardiac, radiological, and blood tests to assess the Life Insured's health, including an HIV1/2 screening (ELISA method) for screening purposes only. I/We understand that policy revival or rider issuance is subject to medical tests (at policyholder's cost), applicable charges, and written confirmation. I/We acknowledge that this form will only be considered complete upon receipt of all material information and documents.

Receipt of the complete form and initial payment does not create any obligations upon the Company to underwrite the risk.

The insurer is not obligated to underw vith me via letter, email, SMS, or What		I/We authorize the Company to communicat
Signature of Policyholder Date:	Signature of Life Insured Place:	Signature of Witness Name of the Witness:
		e that I have explained the contents of this _ Language and that the Policyholder/Life the contents.
ignature of the Declarant:		Date:
Address:		
enior executive of state owned corpo ersons (Spouse, Children, Parents. Sib		als & immediate family member of above
Our virtual assistant WhatsA	pp 🍘 Login to manage your polic	y Call us at 1860 120 5577

For more details, visit us: axismaxlife.com/contact-us



Axis Max Life Insurance Limited (formerly known as Max Life Insurance Company Limited) is a Joint Venture between Max Financial Services Limited and Axis Bank Limited. Important: DO NOT believe in calls, SMSes or e-mails offering discounts. For NEFT Payments, please transfer only to "HSBC Bank A/C No. 1165 < Followed by 9 digit Policy No> IFS Code: HSBC0110002". Axis Max Life Insurance does not collect Premium in any other account. Axis Max Life Insurance Limited (formerly known as Max Life Insurance Company Limited): Plot No. 90 C, Sector 18, Udyog Vihar, Gurugram, Haryana - 122 015. Regd. Office: 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab - 144 533. CIN: U74899PB2000PLC045626 | Customer Helpline Number: 1860 120 5577

axismaxlife.com/customer-service

The Brand Ambassadors (if depicted herein), have endorsed only the Axis Max Life Insurance Products and are not in any manner endorsing Axis Bank Limited and do not have any kind of association or relationship with Axis Bank Limited.

IRDAI Registration No. 104

BEWARE OF SPURIOUS/FRAUD PHONE CALLS!

Chat with MILI

on our website

· IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums

Send 'Hi' to

+91 74283 96005

· Public receiving such phone calls are requested to lodge a police complaint