

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 Axis Max Life Insurance 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 Axis 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 Axis Max Life Insurance.

I/we understand that, I/we have disclosed my/our personal information (which may include Aadhaar related information) with Axis Max Life Insurance for the purpose of providing insurance and related services and I/we hereby consent and authorise Axis Max Life Insurance 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:

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:

Place: _____

Signature: _____

GO Stamp
Signature Verified

POLICYHOLDER ACKNOWLEDGEMENT SLIP

Policy Number:

Received by: _____

Time of Receipt: _____

Type of request: _____

Date:

Employee Code: _____

Signature: _____

GO Stamp
Signature Verified

SECTION B

Policy Number:

Mobile No.:

E-mail ID:

Name of Policyholder/Assignee:

Name of Life Insured:

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

Amend Combo Policies: Yes ☐ No ☐ (If No, Policies will change to Single)

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	To	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:

[illegible]

Address:

[illegible]

Appointee DOB: _____

Appointee's Signature: _____

3) Change in Premium Mode (Tick the preferred mode)

Monthly ☐ Quarterly ☐ Semi-annual ☐ Annual ☐

Terms & Conditions:

- For other than Annual Mode, Electronic Payment Mode is Mandatory i.e the method of payment should be through ECS or Credit Card Standing Instruction only;
- Change of Mode is subject to the Terms and Conditions of the Policy Contract or determined by the Company from time to time.

4) 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.

SECTION B

5) Change in Bonus Option (Tick to indicate the Bonus option required)

Cash/cheque ☐ Premium offset ☐ Paid-Up Addition (PUA) ☐

6) Change in Non-Forfeiture option (Tick to indicate the NFO required)

Reduced Paid-up ☐ Extended Term Insurance ☐

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

Date:

Place: _____

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Name & Address of Declarant: _____

Date:

Place: _____

Signature: _____

GO Stamp
Signature Verified

POLICYHOLDER ACKNOWLEDGEMENT SLIP

Policy Number:

Received by: _____

Time of Receipt: _____

Type of request: _____

Date:

Employee Code: _____

Signature: _____

GO Stamp
Signature Verified

SECTION C

Policy Number:

Mobile No.:

E-mail ID:

Name of Policyholder/Assignee:

[illegible]

(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 - Change

D - Deletion

A	C	D	Rider (Tick to Indicate)	Term	Coverage Amount	Effective Date (DD/MM/YY)	Current Occupation
Premium Amount							Policyholder Request Date (DD/MM/YY) _____
Total Premium Payable							

Note:

- Health Declaration form is required for any addition of Rider. Life Insured may be required to undergo medical tests;
- Completely filled Payor 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.

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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 Axis Max Life Insurance for the purpose of providing insurance and related services and I/we hereby consent and authorise Axis Max Life Insurance 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:

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:

Place: _____

Signature: _____

GO Stamp
Signature Verified

POLICYHOLDER ACKNOWLEDGEMENT SLIP

Policy Number:

Received by: _____

Time of Receipt: _____

Type of request: _____

Date:

Employee Code: _____

Signature: _____

GO Stamp
Signature Verified

SECTION D

Policy Number:

Mobile No.:

E-mail ID:

Name of Policyholder/Assignee:

Name of Life Insured:

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

Switching of funds			Redirection of Funds			
I authorise Axis Max Life Insurance to invest all existing premium in proportion as mentioned below			I authorise Axis Max Life Insurance to invest all future premium in proportion as mentioned below			
Name of Fund (depends upon availability of funds in Plan)	From (% or Amount)	To (% or Amount)	Name of Fund (depends upon availability of funds in Plan)	From (% or Amount)	To (% or Amount)	The request for redirection or switching of funds will be accepted subject to Terms and Conditions of Policy Contract
Secure Fund			Secure Fund			
Growth Fund			Growth Fund			
Growth Super Fund			Growth Super Fund			
Balance Fund			Balance Fund			
Conservative Fund			Conservative Fund			
Dynamic Opportunity Fund			Dynamic Opportunity Fund			
Secure Plus Fund			Secure Plus Fund			
Others (if specify)			Others (if specify)			
Total of Fund investment percentage should be 100%						

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: DDMMYYYY

Place: _____

SECTION D

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:

Place: _____

Signature: _____

GO Stamp
Signature Verified

POLICYHOLDER ACKNOWLEDGEMENT SLIP

Policy Number:

Received by: _____

Time of Receipt: _____

Type of request: _____

Date:

Employee Code: _____

Signature: _____

GO Stamp
Signature Verified

SECTION D

Surrender of Paid Up Addition (PUA)	Bank Details of the Policyholder - Mandatory
☐ Refund the amount accumulated as PUA of ₹ _____	MICR Code:
☐ Adjust accumulated PUA amount of ₹ _____	Type of Bank Account: Savings ☐ Current ☐ NRO ☐ NRE ☐
☐ Towards Renewal premium for Policy No. _____	Bank Name: _____ 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.	IFSC Code: Bank Address: _____ PAN:
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.	

Deactivation of STP/DFA		
Deactivation of STP ☐	Deactivation of DFA ☐	*STP (Systematic Transfer Plan)/DFA (Dynamic Fund Allocation) Note: Both are allowed on policy anniversary only.

Partial Surrender/Smart Withdrawal Option		
Note: The Company will accept the request for partial surrender/Smart Withdrawal Option subject to the terms and conditions of the Policy Contract.		
Name of the fund	Amount to be withdrawn/Percentage	Bank Details of the Policyholder - Mandatory
		MICR Code:
		Type of Bank Account: Savings ☐ Current ☐ NRO ☐ NRE ☐
		Bank Name: _____
		Bank Account No.:
Smart Withdrawal Option		IFSC Code:
Smart Withdrawal Payout Date: DD/MM/YYYY (please specify policy year here)		Bank Address: _____
Frequency of Smart Withdrawal Payouts: Annual/Semi Annual/Quarterly/Monthly		PAN:
% of fund value that would be required in a year _____%		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.		

SECTION E

Policy Number:

Mobile No.:

E-mail ID:

Name of Policyholder/Assignee:

Name of Life Insured:

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

No Objection Certificate from Life Insured (applicable only if Life Insured has turned major)

I _____, hereby confirm the valid discharge of the requested payouts towards the above Policy and will not hold Axis Max Life Insurance liable for any further claim in future.

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Place: _____ Signature: _____

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 Axis Max Life Insurance 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 Axis Max Life Insurance through E-mail ID only (strike if you want to continue with hard copy).

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

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Place: _____

SECTION E

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

Y

Place: _____

Signature: _____



POLICYHOLDER ACKNOWLEDGEMENT SLIP

Policy Number:

Received by: _____

Time of Receipt: _____

Signature: _____

Type of request: _____

Date:

D

D

M

M

Y

Y

Y

Y

Employee Code: _____



SECTION F

Policy Number:

Mobile No.:

E-mail ID:

Name of Policyholder/Assignee:

Name of Life Insured:

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

Change in Signature

I _____, hereby declare that below mentioned specimen signature provided on _____ day of _____ 20 _____ and the same witnessed hereunder are 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."

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, Quarterly, Monthly) ☐

Change in Premium Frequency (Annual, Semi-Annual, Quarterly, Monthly) ☐

Note: New proposal form and Illustration is mandatory (duly signed by Policyholder) in case Plan is getting changed from Traditional to ULIP, one ULIP to another ULIP or vice-versa.

SECTION F

Change in Sum Assured

Increase in Sum Assured	☐	Decrease in Sum Assured	☐	Revised Sum assured	☐
Increase in Sum assured under Volunteer Top Up	☐	Volunteer 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.

NEFT Update

Bank Details of the Policyholder - Mandatory

I Mr./Ms. _____ ,
hereby request you to update my bank a/c
details as per the details given here with
against Policy No. _____ for
disbursement and transfer of Contractual payouts
through NEFT.

[illegible]

Type of Bank Account: Savings ☐ Current ☐ NRO ☐ NRE ☐

Bank Name _____

Bank Account No.

[illegible]

IFS Code

Bank Address _____

[illegible]

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: [D][D][M][M][Y][Y][Y][Y]

Place: _____

SECTION F

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Name & Address of Declarant: _____

Date:

Place: _____

Signature: _____

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Signature Verified

POLICYHOLDER ACKNOWLEDGEMENT SLIP

Policy Number:

Received by: _____

Time of Receipt: _____

Type of request: _____

Date:

Employee Code: _____

Signature: _____

GO Stamp
Signature Verified

SECTION G

Policy Number:

Mobile No.:

E-mail ID:

Name of Policyholder/Assignee:

Name of Life Insured:

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

Surrender of OPPB		Bank Details of the Policyholder - Mandatory	
☐ Refund the amount accumulated against OPPB of ₹ _____	MICR Code:		
☐ Adjust accumulated OPPB amount of ₹ _____	Type of Bank Account: Savings ☐ Current ☐ NRO ☐ NRE ☐		
☐ Towards Renewal premium for Policy no. _____	Bank Name: _____		
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.	Bank Account No.:		
	IFSC 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.			
No Objection Certificate from Life Insured (applicable only if Life Insured has turned major)			
I _____, hereby confirm the valid discharge of the requested payouts towards the above Policy and will not hold Axis Max Life Insurance liable for any further claim in future.			
Date: 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

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

Date:

Place: _____

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Name & Address of Declarant: _____

Date:

Place: _____

Signature: _____

GO Stamp
Signature Verified

POLICYHOLDER ACKNOWLEDGEMENT SLIP

Policy Number:

Received by: _____

Time of Receipt: _____

Type of request: _____

Date:

Employee Code: _____

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: DDMMYYY

Place: _____

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. (Cancelled 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: _____

Date:

Place: _____



Our virtual assistant
Chat with MILI
on our website



WhatsApp
Send 'Hi' to
+91 74283 96005



Login to manage your policy
<https://www.axismaxlife.com/customer-service>



Call us at 1860 120 5577

For more details, visit us: <https://www.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

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!

- 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