

### DATE OF BIRTH & NAME CHANGE FORM

Please tick the appropriate box:     **DOB Change**     **Name Change**     **Both DOB & Name Change**

Request Type	Existing/Old Detail	New Detail
<input type="checkbox"/> Name Change	First <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Middle <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Last <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	First <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Middle <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Last <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> DOB Change	DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/>	DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/>

Age is     Increasing     Decreasing     No change (Please ✓ appropriately)  
 (For example: If age on policy records is 01-01-1967 and actual age is 01-01-1965, age is increasing)  
 Please provide valid reason for change in DOB and not disclosing correct date of birth at policy issuance time.

Please specify all policy details (Basis Client Level)	Please ✓ the appropriate box				Please fill in case any of the policies status is "Other than Premium Paying"
Policy No.	Proposer /Policy holder	Life Insured	Nominee /Trustee/ Assignee	Policy Status	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					*Do you wish to reinstate the policy? (Please ✓) <input type="checkbox"/> Yes <input type="checkbox"/> No  *If yes, has policy reinstatement request been submitted? (Please ✓) <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Please select any one option:**

Kindly adjust my Sum Assured and Benefits, if Annual Premium is increasing due to age change     Yes     No  
 (\*as per Plan & Riders, for details please refer Product & Contract Guidelines)

I am depositing additional Premium charged due to age change. (Please ensure that payment is by Policyholder only)

\*Payment mode     Cash     DD     Cheque     Credit card for an amount of Rs: \_\_\_\_\_

\*Cheque/Draft/Credit Card no.:

\*Bank Name & Branch: \_\_\_\_\_


I hereby declare that all the details mentioned above are true and complete and I have no objection on Axis Max Life Insurance Ltd. reviewing its decision on underwriting my insurance policy.

Policyholder's Signature

Date: \_\_\_\_\_

To be filled mandatorily by Branch Office only

Enclosures & Checkpoints - DOB	Important Points	Operation Employee Details
Valid New DOB Proof attached <input type="checkbox"/> HDF (as applicable)  <input type="checkbox"/> Medical (if applicable, Category & Date of Medical)	<ul style="list-style-type: none"> <li>• Proofs attached should be OSV-ed &amp; self-attested by Policyholder</li> <li>• All client-level policies are checked and premium paying or reinstatement request submitted</li> <li>• Policy benefits payout like money back/bonus will need to be paid back to Company in case of DOB change for adjustments</li> </ul>	Name: _____ Designation with Emp. Code: _____ Mobile no.: _____  Signature: _____  Request receive date & time with GO Stamp: _____
Enclosures & Checkpoints - Name		
<input type="checkbox"/> Name Change Affidavit/Proof as applicable		

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 Call us at 1860 120 5577

For more details, visit us: [axismaxlife.com/contact-us](https://axismaxlife.com/contact-us)



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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