

	ICY		

Amend Combo Policies
If No, Policies will change to Single

YES	NO	

### POLICY AMENDMENT REQUEST FORM

SECTION A

(PLEASE FILL THE FORM IN CAPITAL LETTERS)

1.	Change i	n Address	/ Personal	Update

Current Address Permanent Address Work Address	5
Address:	
Landmark:	
City: PIN	N Code:
State: PA	N:
Mobile No.:	I. No.:
E-mail ID:	
(Kindly share a valid E-mail ID to receive progress update and closur	re confirmation on your request)
Please indicate your preference for preferred mailing address: Curre	nt Permanent Work
Note: Any of the Officially Valid Proof (Aadhaar, Voter ID, Driving preferred mailing address to be attached irrespective of annualized	
Aadhaar card / letter issued by UIDAI or National	Passport
Population Register (NPR) containing details of name,	Voters ID card issued by Election
address and Aadhaar number	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 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:	(should match with policy records)
Date: DD MM YYYYY Place:	
<b>Note:</b> In case, policy is issued under Married Women Propert Wife / Trustee / Legal heir.	ty Act (MWPA, Section 5), please share the consent from
<b>Vernacular Declaration:</b> In case policyholder's signatures is vernacular language, I hereby declare that I have fully expl that left thumb impression / signature of the policyholder ha of this form.	ained the contents of this form to the policyholder and
Name & Address of Declarant:	
Date: DD MM YYYYY 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





SE	CT	<b>IO</b>	N	R

Policy Number:													1	Иol	oil	e N	10.:											
E-mail ID:																												
Name of Policy Holder	/As	sign	ee	e:																								
Name of Life Insured:																												
(Kindly share a valid E	-ma	il ID	) to	o re	ceive	e pr	og	ress	up	da	te a	and	l clo	sur	е	cor	nfir	mat	ion	on <u>y</u>	youi	rec	que	st)				
Amend Combo Policies  If no, then policies will change to																												
Is new nominee a Polit	Is new nominee a Politically Exposed Person* (Yes / No) Please tick																											
* Politically Exposed Person of Central / State Governme Important political party off	nt, S	enio	r Po	olitic	ians,	Seni	or (	Gove	nme	ent	/ Ju	dici	al / N	/lilita	ary	Of e, C	fice: hild:	s, Se en, I	enior Parer	exec its, S	utive iblin	e of S	State	-Ow				
From				To					R	el	atio	ns	hip				Dat		f Bir M/Y		D/			9	် Sh	are		
																			, .	<u> </u>								
Note: If nominee is a minor; Insured, while the nominee				_															e poli	су р	ocee	eds ir	n the	eve	nt of	dea	th of	Life
Name of Appointee:					7										7													
Relationship to Nomin	ee:									   					] [	$\equiv$										П		
Address:			Г												7													
																										П		
Appointee DOB:													Anı	റവ്	nt	 ee'	s Si	ana	ture	<u>د</u>								
			/			_							, .b.			-	J J.	9.10										
4. Change in Premium															_				_									
Monthly	Q	(uar	tei	rly					S	er	ni-a	เทท	ual					4	Ann	ual								
Terms & Conditions								_															_					
<ul> <li>For Other than An through ECS or Cre</li> </ul>								-				de	IS I	Ma	nc	lato	ory	ı.e	the	me	tho	d o	t pa	aym	ent	sho	ould	be
<ul> <li>Change of Mode is from time to time.</li> </ul>	sul	ojec	t t	o th	ne Te	erm	s a	and	Con	ndi	itior	าร (	of tl	ne	Pc	olic	у С	ont	ract	or	dete	ermi	nec	l by	the	e Co	mp	any
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.





# **SECTION B**

<b>6. Change in Bonus Option</b> (T	ick to indicate the Bonus opti	ion required)
Cash / cheque	Premium offset	Paid-up addition (PUA)
7. Change in Non-Forfeiture o	<b>ption</b> (Tick to indicate the NI	FO required)
Reduced Paid-up	Extended Term Insurance	
requests contained above and I hereby authorise Max Life to validate / update my KYC detail ID only (strike if you want to confine the Policyholder providable for any delay arising deapplicable from the date of confil / we understand that, I / we information) with Max Life for	submitting the completed Popular process my payouts to my ls. I accept to receive all future ontinue with hard copy). In idea incomplete or incorrect per to such incorrect / incomplete requirements / documents have disclosed my / our per the purpose of providing insuffice the purposes of underwriting the purpose of underwriting	nendment Request form and the questions / amendment colicy Amendment Request form of my own volition.  y Aadhaar linked Bank Account and to use the same to be communication from Max Life Insurance through E-mail at information in this form, the company will not be held plete information." Also, the relevant processing will be ments received by Max Life Insurance.  Dersonal information (which may include Aadhaar related urance and related services and I / we hereby consent and g assessment, claim investigation / settlement, KYC and
Signature of Policyholder / Ass	ignee:	(should match with policy records)
Date: DD MM YYY	Y Place:	
Note: In case, policy is issued under N	larried Women Property Act (MWPA	, Section 5), please share the consent from Wife / Trustee / Legal heir.
	contents of this form to the policyhoing the contents of this form.	f a thumb impression (left thumb) or in a vernacular language, I hereby older and that left thumb impression / signature of the policyholder has
Signature:		GO Stamp Signature Verified
DOLICYLOL DED ACKNOWLE	CEMENT CLID	
POLICYHOLDER ACKNOWLED	GEMENT SLIP	
Policy Number:		Type of request:
Received by:		Date: DDMMYYYYY
Time of Receipt:		Employee Code:
Signature:		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 - Change

D - Deletion

A	С	D	Rider (Tick to Indicate)	Term	Coverage Amount	Effective Date (DD/MM/YY)	Current Occupation
Prem	nium <i>A</i>	Amoui	nt (without Service Tax and		Policyholder Request Date (DD/MM/YY)		
Serv	ice Ta	x and	Education Cess				
Total	Prem	nium F	Payable (with Service Tax a				

### 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).

"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.





### **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 Property Act	(MWPA, Section 5), please share the consent from Wife / Trustee / Legal heir.
· · · · · · · · · · · · · · · · · · ·	form of a thumb impression (left thumb) or in a vernacular language, I hereby policyholder and that left thumb impression / signature of the policyholder han.
Name & Address of Declarant:	
Date: DD MM YYYYY 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:
	CO Stamp
Signature:	GO Stamp Signature Verified





#### **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 will be
Balance Fund			Balance Fund			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 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. 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."





# **SECTION D**

Signature of Policyholder / Assignee:	(should match with policy records)			
Note: In case, policy is issued under Married Women Property Act (N	MWPA, Section 5), please share the consent from Wife / Trustee / Legal heir.			
<b>Vernacular Declaration:</b> 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			
DOLICY LOLDED ACKNOWLEDGEMENT CLID				
POLICYHOLDER ACKNOWLEDGEMENT SLIP				
Policy Number:	Type of request:			
Received by: Time of Receipt:	Date: DDMMYYYYY			
Time of Receipt.	Employee Code:			
Signature:	GO Stamp Signature Verified			





# **SECTION D**

11. Surrender of Paid Up Addition (PUA)		II. Bank Details of the Policyholder - Mandatory		
Refund the amount accumulated as PUA of ₹  Refund the amount accumulated as PUA of ₹  Refund the amount accumulated as PUA of ₹  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.		MICR Code Type of Bank Account: Savings Current NRO NRE Bank Name Bank Account No.  IFS Code Bank Address		
PAN  Note: Kindly attach a cancelled cheque bearing account number and Policyhol 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.				
	12. 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)				
	13. Partial Sur	render/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	II. Bank Details of the Policyholder - Mandatory		
Smart Withdrawal Opti	On.	MICR Code Type of Bank Account: Savings Current NRO NRE Bank Name Bank Account No.		
Smart Withdrawal Payout Date: DD MM YYYY (please specify policy year here) Frequency of Smart Withdrawal Payouts: Annual/Semi Annual/Quarterly/Monthly % of fund value that would be required in a year		PAN Note: Kindly attach a cancelled cheque bearing account number and Policyholder		
	cable in accordance to Coction	name or copy of Bank Passbook  194DA of Income Tax Act prevailing at the time of payment. If you are an NRI,		



## **SECTION E**

Policy Number: Mobile No.: Mobile No.:
-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)
No Objection Certificate from Life Insured (applicable only if Life Insured has turned major); hereby confirm the valid discharge of the requested bayouts towards the above Policy and will not hold Max Life Insurance liable for any further claim in future.
Date: DD MM YYYY Place: Signature:
fully understand the meaning and scope of the Policy Amendment Request form and the questions / amendment equests contained above and submitting the completed Policy Amendment Request form of my own volition.
hereby authorise Max Life to process my payouts to my Aadhaar linked Bank Account and to use the same to ralidate / update my KYC details. I accept to receive all future communication from Max Life Insurance through E-mail D 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 able 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."
ignature of Policyholder / Assignee: (should match with policy records)
Place: DDDMM YYYYY

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: DD MM YYYYY 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 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 Clausatura		
15. Change	eby declare that below mentioned specimen signature		
	and the same witnessed hereunder duly attested		
	gnature as appended below should be considered for all		
future requests.			
Old Signature New Signature wit	h 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 P	lan / 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 Policyholder) in case Plan is getting changed from Traditional to ULIP, one ULIP to another ULIP or vice-versa.			
one offi to another office-versa.			



SECTION F				
17. Change in Sum Assured				
Increase in Sum Assured Dec	rease in Sum Assured	Revised Sum assured		
Increase in Sum assured Volu	unteer Top Sum Assured	Life Stage Benefit option-		
under Volunteer Top Up	against Promit			
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.				
40 MEET II 1				
18. NEFT Update	II. Bank De	etails of the Policyholder - Mandatory		
I Mr. / Ms	MICR Code			
hereby request you to update my bank details as per the details given here	I Ivne of Rank Account:	Savings Current NRO NRE		
against Policy No.	_ for   Bank Name			
disbursement and transfer of Contractual	pay- Bank Account No.			
outs through NEFT.				
	IFS Code			
	Bank Address			
	PAN			
		led 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.				
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 this form, the company will not be held		
		tion." 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: DD MM YYYY	Place:			
Note: In case, policy is issued under Married Women F	Property Act (MWPA, Section 5), plea	ase share the consent from Wife / Trustee / Legal heir.		





## **SECTION F**

**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:	Date:
Time of Receipt:	Employee Code:
Signature:	GO Stamp Signature Verified





# **SECTION G**

Policy Number: Mobile No.: Mobile No.:				
E-mail ID:				
Name of Policy Holder/Assignee:				
Name of Life Insured:				
(Kindly share a valid E-mail ID to receive progres	s update and closure confirmation on your request)			
19. Surrender of Paid Up Addition (PUA) II. Bank Details of the Policyholder - Mandatory				
Refund the amount accumulated as PUA of ₹	MICR Code			
Refund the amount accumulated as PUA of ₹	Type of Bank Account: Savings Current NRO NRE			
Refund the amount accumulated as PUA of ₹	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  Bank Address				
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.			
No Objection Certificate from Life Insured (appl I	cable only if Life Insured has turned major); hereby confirm the valid discharge of the requested payouts			
_	Life Insurance liable for any further claim in future.			
Date: DD MM YYYY Place:	Signature:			
20. I	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				
<b>Note:</b> - 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).

"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: DD MM YYYYY Place:	
Note: In case, policy is issued under Married Women Property Act (MW	PA, Section 5), please share the consent from Wife / Trustee / Legal heir.
	of a thumb impression (left thumb) or in a vernacular language, I hereby yholder and that left thumb impression / signature of the policyholder has
Name & Address of Declarant:	
Date: DD MM YYYY 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 G**

**SETTLEMENT** 

Please fill below table for residency declaration:

Settlement payout mode			
Monthly	Quarterly	Semi-Annual	Annual
Settlement Term (in years	)		
1	2	3	4
Note:			
• •		e basis country of residence, Section 10(10A) of the Income	submission of above details and e Tax Act, 1961.
2) In case of non-availabili	ty of PAN, no TDS certifi	cate will be issued.	
information) with Max Life	for the purpose of provious for the purposes of unc	ding insurance and related serv	nich may include Aadhaar related ices and I / we hereby consent and vestigation / settlement, KYC and
Signature of Policyholder:			
Date: DD MM YY	YYYY	e:	
Note: In case, policy is issued und	ler Married Women Property A	act (MWPA, Section 5), please share the	e 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.
- "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:	
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.

# YOU ARE THE DIFFERENCE



Our virtual assistant Chat with MILI on our website



WhatsApp Send 'Hi' to +91 74283 96005



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



Write to us at maxlifeinsurance.com/contact-us



Call us at 1860 120 5577







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