

Top Up Re-application and Transfer of amount Form*

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Policy Holder Name: _____

Email Id: _____

Mobile Nb\Landline Nb:

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Choose any one Option below basis your request

Option A

Top Up re-application

Amount paid in Rs _____

Amount paid date

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(DD/MM/YY)

Tick any one option below basis your request

Please apply towards my Premium due within current financial year.

Please refund (specify bank details for NEFT as mentioned below)

Bank account number:

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IFSC Code:

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Bank Name and address _____

Account holder name _____

Note: - Kindly attach a cancelled cheque bearing account number and policy holder name or copy of bank passbook

Option B

Transfer of Amount

S No(A)	(B) From Policy Number	(C) To Policy Number	(D) Amount to be transferred	(E) Reason for transfer
1				
2				
3.				

Note: For transfer of amount to different customer's policy, kindly attach bank statement or proof of payment

Vernacular Declaration: Incase 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 policy holder and that left thumb expression / signature of the Policy holder has been appended after fully understanding the contents of this form

Name of Declarant: _____

Address of Declarant : _____

Date & Place : _____ Thumb Impression : _____

Customer Signature _____ Date & Time _____

TO BE FILLED IN BY MAX LIFE BRANCH OFFICE

Max Life Branch office received date & Time _____ Max Life Branch office Stamp _____

Approval attached: Yes No

*Completely filled form can be submitted to the nearest General office OR mailed to service.helpdesk@maxlifeinsurance.com



CUSTOMER ACKNOWLEDGEMENT SLIP

Policy Number

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Type of request _____

Received by _____ Date & Time of Receipt _____

Employee Code _____ Signature _____

Max Life Insurance Company: Operation Center, Plot No. 90A, Sector 18, Udyog Vihar, Gurgaon (Haryana) – 122015