



Top Up Re-application and Transfer of amount Form\*

Grid for policy number

Policy Holder Name: \_\_\_\_\_

Email Id: \_\_\_\_\_

Mobile Nb\Landline Nb: [Grid]

Choose any one Option below basis your request

Option A

[ ] Top Up re-application

Amount paid in Rs \_\_\_\_\_ Amount paid date [Grid] (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: [Grid]

IFSC Code: [Grid]

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

Table with 5 columns: S No(A), (B) From Policy Number, (C) To Policy Number, (D) Amount to be transferred, (E) Reason for transfer

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

