

Freelook Cancellation Form

Policy Number:

Name:

Address:

City: State:

Pin: Contact Number*:

Email ID:

Reasons for Cancellation

- | | |
|--|--|
| <input type="checkbox"/> Financial Problem | <input type="checkbox"/> Tampering, Corrections, forgery of proposal or related papers |
| <input type="checkbox"/> Personal Reason | <input type="checkbox"/> Product differs from what was requested or disclosed |
| <input type="checkbox"/> Policy Pack Delayed | <input type="checkbox"/> Policy Pack not received |
| <input type="checkbox"/> No requirement | <input type="checkbox"/> Obligation Sale |

Please detail out reason for cancellation _____

Desired Mode of payment

- Cheque Direct transfer/NEFT

Bank Details of the Policyholder

Account Holder Name: _____ Bank Name: _____

Bank Account No.:

IFSC Code: PAN Number:

Note - Kindly attach a cancelled cheque bearing account number and policy holder name or copy of Bank Passbook.

*Contact details provided herein will be updated for all future communications. For customers registered under National Do not call Registry, this will be considered as consent to communicate with him/her on the contact details provided herein.

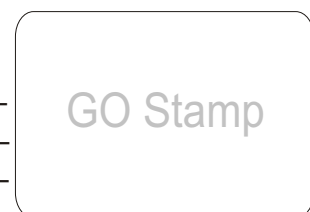
CUSTOMER ACKNOWLEDGEMENT SLIP

Policy Number

Type of request _____

Received by _____ Date & Time of receipt _____

Employee Code _____ Signature _____



- I am the Policyholder of an insurance policy number as mentioned above and have requested Max Life Insurance Co. Ltd ("Company") to process the cancellation of the policy under the freelook option, after deducting the proportionate risk premium for the period of cover, charges of stamp duty paid and the expenses incurred on medical examination of the Life Insured, if any, in accordance with the policy contract.
- I am aware that the cancellation of the Policy results in termination of the insurance contract and all rights/titles and interest under the Policy shall stand terminated.
- The payment of the premium refund amount by Max Life in accordance with the terms hereof shall constitute a full and final discharge of the obligations of Max Life under the policy and I shall not claim/demand anything thereafter.
- The details provided in this Form are correct and accurate to best of my knowledge and records and I will hold the Company harmless and indemnified against any and/or all losses, claims, liabilities, legal proceedings (including attorney fees), expenses or damages suffered by or taken against the Company arising on account of any error or misrepresentation in the information furnished in this Form by me or any wrongful refund obtained by me.

Signature of the Policyholder

Place: _____

Date:

DISCLAIMER:

- The Company shall not be held responsible in case the premium refund is not credited to your bank account or if the transaction is delayed or not effected at all for reasons of incomplete/incorrect information provided by you in this Form. Credit will be effected based solely on the policyholder account number information provided by the policyholder and the policyholder name particulars will not be used thereof. The Company may also pay you via any mode like demand draft/cheque etc.
- The relevant NAV and processing of the Policy will be applicable post receipt of all the requirements/documents received by the Company.

For Office Use Only (All fields are mandatory to be filled)

Retention by CSE: _____

Name of Receiver: Employee Code:

Phone Number: GO Code:


Request received Date: Time:

Signature verified: Yes No

Policy Pack Received: Yes No

V2.0/FLF/Ideas/Oct'17

Important: DO NOT believe calls, SMS, emails offering discounts. Please pay only to HSBC Bank A/c no. <1165your policy no.> IFSC code - HSBC0110002

 Website
www.maxlifeinsurance.com

 Email
service.helpdesk@maxlifeinsurance.com

 Toll-free Helpline
1800 200 5577

 Facebook
facebook.com/maxlife

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IRDAI Registration No. 104