

Cancellation Form

Policy Number:

Name:

Contact Number*:

PAN No.:

E-mail ID:

Reasons for Cancellation:

Financial Reason ☐

Personal Reason ☐

Other ☐

*Contact details provided herein will be updated for all future communications. Customers who have registered under the National Do Not Call Registry, will be considered to have consented to us communicating with him / her on the contact details provided herein.

Declaration:

- I am the Policyholder of the Insurance Policy number mentioned above and have requested Max Life Insurance Co. Ltd ("Company") to process the cancellation of the Policy under the freeloop 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
- I am aware that the payment of the premium refund amount by Max Life Insurance in accordance with the terms hereof, shall constitute a full and final discharge of the obligations of Max Life Insurance under the Policy and I shall not claim / demand anything thereafter
- I further declare that the details provided in this Form are correct and accurate to the 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

"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 authorize Max Life to use, store and/or share the same with government/ regulatory / statutory bodies, insurance repositories, reinsurers / hospitals or diagnostic centers/ other insurance companies for the purposes of underwriting assessment, claim investigation / settlement, KYC and policy servicing purposes, as per applicable law."

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 the proposal Form at the time of issuance of this Policy
- ☒ Credit will be affected 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

Vernacular Declaration (To be filled if the Customer has signed in language other than English / Affixed Thumb Impression) "I hereby declare that I have explained the contents of the cancellation Form / request letter to the Policyholder Mr. / Mrs. / Ms. in their language and that the Policyholder has affixed the thumb impression / signed in a language other than English in my presence after fully understanding the contents thereof. I further declare that I am not related to the Company in any manner, whatsoever."

(Name and Signature of the Declarant)

Ver2.3, Aug'19

#YouAreTheDifference™



Our virtual assistant
Chat with MILLI 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



Important: DO NOT believe in calls, SMS, E-mail offering discounts. For NEFT Payments, please transfer only to "HSBC Bank A/C No. 1165 <Followed by 9 digit Policy No> IFS Code: HSBC0110002". Max Life does not collect Premium in any other account.

Max Life Insurance Co. Ltd.: Plot No. 90A, Sector 18, Gurugram, Haryana - 122 015.

Regd. Office: 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab - 144 533.

Fax: 0124-4159397, **CIN:** U74899PB2000PLC045626 | Customer Helpline Number: 1860 120 5577

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