

DATE OF BIRTH & NAME CHANGE FORM				
Please tick the appropriate box: DOB Change Name Change Both DOB & Name Change				
Request Type	Existing / Old Detail	New Detail		
Name Change	First Middle Last	First Middle Last		
DOB Change				

Age isincreasingdecreasingno change (please ✓ appropriately)(For example: If age on Policy records is 01-01-1967 and actual age is 01-01-1965, age is increasing)

Please provide valid reason for change in DOB and not disclosing correct date of birth at policy issuance time.

Please specify all Policy details (Basis Client Level)	Please 🗸 the appropriate box				Please fill in case any of the Policies status is "Other than Premium Paying"
Policy no.	Proposer / Policy- holder	Life - Insured	Nominee /Trustee/ Assignee	Policy Status	*Do you wish to reinstate the policy? (please ✓)
					policy? (please ✓) Yes No
					*If yes, has policy reinstatement
					request been submitted? (please \checkmark)
					Yes No
					-

Please select any one option:

Kindly adjust my Sum Assured and Benefits , if Annual Premium is increasing due to age change	Yes	No
(*as per Plan & Riders, for details please refer Product & Contract Guidelines)		

I am depositing additional Premium charged due to age change. (Please ensure that payment is by Policyholder only)
*Payment mode Cash DD Cheque Credit card for an amount of Rs
*Cheque/Draft/ Credit Card no.

*Bank Name & Branch _

I hereby declare that all the details mentioned above are true and complete and I have no objection on Max Life Insurance Co. Ltd. reviewing its decision on underwriting my insurance policy.

Policyholder's Signature Date

To be filled mandatorily by Branch Office only						
Enclosures & Checkpoints - DOB	Important Points	Operation Employee Details				
Valid New DOB Proof attached	> Proofs attached should be	Name				
HDF (as applicable)	OSVed & Self attested by Policyholder	Designation with Emp. Code Mobile no				
Medical (if applicable, Category & Date of Medical)	 > All client-level policies are checked and premium paying or reinstatement request submitted 	Signature				
Enclosures & Checkpoints - Name	> Policy benefits payout like Money back/Bonus will need to be paid back to Co. in case of DOB change for adjustments	Request receive date & time with GO Stamp				
Name Change Affidavit/Proof as applicable						







Write to us at maxlifeinsurance.com/contact-us

Call us at 1860 120 5577

Our virtual assistant

Chat with MILI

on our website

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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. 90C, Sector 18, Udyog Vihar, Gurugram, Haryana - 122015. 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

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IRDAI Regn. 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

A Max Financial and AXIS BANK JV

Send 'Hi' to

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