

Max Life Insurance Co. Ltd. Plot No. 90C, Sector 18, Udyog Vihar, Gurugram, Haryana - 122015

Toll free - 1800-200-5577

e-mail: service.helpdesk@maxlifeinsurance.com

MATURITY CLAI	M APPLICATION FORM- M	
 This form is to be filled in by the person legally entitled for the policy Maturity Benefits. Kindly submit the form at nearest Max Life Insurance office or above mentioned address. Kindly write in Capital Letters. 		
Policy No(s):	Contact No of Policy Holder: Residence (STD code):	
	Mobile No:	
Designments to be submitted along with this form		
Documents to be submitted along with this form Original Policy Document (s) - Attached with this form Missing/ Lost/ Not available.		
 ☑ Original Policy Document (s) - ☑ Attached with this form ☑ Missing/ Lost/ Not available. ☑ If there is a change in mailing address attach proof ☑ Cancelled cheque bearing account number and Policyholder name or Copy of Bank Passbook 		
I. Personal Information about the Policyholder-Mandatory		
a) Name of Policyholder:		
b) Complete Address:		
c) Nationality: Indian Foreign National	NRI PIO	
State: PinCode:		
II. Bank Details of the Policyholder- Mandatory		
	b) Bank Account No:	
c) Type of Account: Saving Current	NRE NRO Other	
d) Bank Address: Pin Code:		
e) IFSC Code: f) PAN Number:		
Note- Kindly attach a cancelled cheque bearing account number and Policy Holder name or Copy of Bank Passbook Disclaimer: TDS will be applicable as per provisions of section 194DA of income tax act @2% in case valid PAN is provided, however, rate will be charged @20% in case valid PAN is not available with the Company. If you are NRI then please fill up NRI Self Declaration along with this form.		
III. No Objection Certificate from Life Insured		
I,; hereby confirm the valid discharge of the Maturity proceeds		
payable towards the above Policy and will not hold Max Life Insurance Liable for any further claim in the future.		
Signature of the Life Insured		
Signed at: Date:	Place:	
IV. Declaration and Authorization by Policyholder		
 a) I, the above named Policyholder do hereby confirm that the above said information including Bank details are true and correct. b) The Maturity benefit paid by the Company in the aforesaid Bank Account shall constitute a valid discharge towards the Company on my behalf. 		
Signature of the Policyholder:		
Signed at: Date:	Place:	
Signature of Witness		
Signed at: Date:	Place:	
Name:	Address:	
Phone No. (With STD Code) or Mobile No.		

NOTICE:Any person who knowingly files a claim containing false or misleading information, or who conceals information with intent to defraud or mislead the Company or other person, may be guilty of fraud or subject to other criminal and/or civil penalties as the case may be under the applicable law(s) of the State.Ver D/201507/Eng/VI/CM4





Self-Certification Form

Important Instructions:

- · All fields are compulsory · Please fill in capital letters
- Attach documentary evidence as marked (*)

Client ID: Policy No.: Policy No.:		
Policyholder's Name:		
Father's/Husband's Name:		
Nationality: Indian Foreign National NRI PIO		
Citizenship: Indian Others, please specify		
Gender: Male Female Others		
Date of birth: D D M M Y Y Y Y City of birth:		
Country of birth:		
*INDIAN ADDRESS:		
Flat No./Building No.:		
City: PIN Code: PIN Code:		
Mobile No.: Tel. No.:		
Address Type: Residential Business Registered Office Unspecified		
*OVEDSEAS ADDDESS.		
*OVERSEAS ADDRESS:		
Flat No./Building No.:		
City: PIN Code:		
Mobile No.:		
Address Type: Residential Business Registered Office Unspecified		
Policyholder's Name:		
Request Received Date: D D M M Y Y Y Y Request No.:		
Name of Branch Official: GO Stamp		
Employee Code of Branch Official:		
Signature::		





OCCUPATION:
Salaried Self-employed Business Retired Housewife
Others, please specify
Passport No.: Passport Issuing Country:
*PAN.:
*Foreign Tax Identification No. (or Functional Equivalent):
Country:
*Country of Residence as per tax laws:
(If more than one country of tax residence, provide Tax I dentification No./Functional Equivalent: on all countries of tax residence)
ID Proof submitted:
Election ID Valid Driving License Valid Passport AADHAAR Card
NAREGA Job Card Any Other Government Agency Issued Document
I do hereby certify that above stated information is correct in all respects and may be used for all purposes, including reporting to statutory authorities & compliances, and understand that it is my responsibility to report the changes, if any, to Max Life within 2 weeks of occurrence of such change.
Policyholder's Signature:
For Office Use Only
Request Received Date: D D M M Y Y Y Y
Branch Name and Code:
Employee Code: Certified that th is form is complete in all respects
and all relevant documents
Signature: are obtained and verified.
YOU ARE THE DIFFERENCE
Our virtual assistant Chat with MILI on our website Send 'Hi' to 74283 96005 Write to us at maxlifeinsurance.com/customer-service maxlifeinsurance.com/customer-service 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. 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 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.

