



Amend Combo Policies If No, Policies will change to Single



#### POLICY AMENDMENT REQUEST FORM

SECTION A (PLEASE FILL THE FORM IN CAPITAL LETTERS)

#### 1. Change in Address / Personal Update

Current Addre	ess	Permar	nent A	ddres	s		`	Wor	k Ao	ddr	ess													
Address:																								
Landmark:																								
City:											PIN	Co	de:											
State:											PAN	۷:												
Mobile No.:											Tel.	No	.:											
E-mail ID:																								
(Kindly share	a valid E-	mail ID	to rec	eive p	orogre	ess i	upda	ate a	and	clo	sure	e co	onfir	ma	tion	on	you	ır re	que	st)				
Please indicat	e your pre	eference	e for p	oreferi	red m	nailir	ng a	ddre	ess:	Cu	rren	nt 🗌			Perr	nar	nent	:	]	٧	Vork	<b>(</b>	]	
Note: Any of the Officially Valid Proof (Aadhaar, Voter ID, Driving License, Passport or NAREGA Job Card) having preferred mailing address to be attached irrespective of annualized premium.																								
Aadhaar card / letter issued by UIDAI or National Passport																								
Population R	egister (N	PR) cor	ntainin	ng det	ails c	of na	ame,				]	<u>،</u>	loto	rc II		rd i	cc11/	od h		octi	ion			

•	•	5		Volers in call issued by Liection
address an	d Aadhaar number			Commission of India
Job card is	sued by NREGA duly sig	ned by an officer of the	e 🖂	Driving License
State Gove	rnment			Driving License

#### 2. Change in Name

Policyholder	Life Insured	Company Name	Assignee	
Title				
First Name				
Middle Name				
Last Name				

Request to submit the following additional documents along with a duly signed Policy Amendment Form

#### For Individual Name Change:

Affidavit on stamp paper (according to the state value) attested by First Class Magistrate / Notary and copy of marriage Certificate / marriage card (for name change after marriage) Affidavit on stamp paper (according to the state value) attested by First Class Magistrate / Notary and proof for name change.

#### For Company Name Change:

Certified true copy of Memorandum and Articles of association of the Company along with a certified true copy of certificate of incorporation issued by Registrar of Companies.





# **SECTION A**

I fully understand the meaning and scope of the Policy Amendment Request form and the questions / amendment requests contained above and submitting the completed Policy Amendment Request form of my own volition.

I hereby authorise Max Life to process my payouts to my Aadhaar linked Bank Account and to use the same to validate / update my KYC details. I accept to receive all future communication from Max Life Insurance through E-mail ID only (strike if you want to continue with hard copy).

"In case the Policyholder provides incomplete or incorrect information in this form, the company will not be held liable for any delay arising due to such incorrect / incomplete information." Also, the relevant processing will be applicable from the date of complete requirements / documents received by Max Life Insurance.

"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 authorise Max Life to use, for the purposes of underwriting assessment, claim investigation / settlement, KYC and policy servicing purposes, as per applicable law."

Signature of Policyholder / Assignee: \_\_\_\_\_\_ (should match with policy records)



Place: \_\_\_\_\_

**Note:** In case, policy is issued under Married Women Property Act (MWPA, Section 5), please share the consent from Wife / Trustee / Legal heir.

**Vernacular Declaration:** In case 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 policyholder and that left thumb impression / signature of the policyholder has been appended after fully understanding the contents of this form.

#### Name & Address of Declarant: \_\_\_\_\_

Date: DD MM YYYY Place:	
Signature:	GO Stamp Signature Verified
POLICYHOLDER ACKNOWLEDGEMENT SLIP	
Policy Number:	Type of request:
Received by:	Date: DDMMYYYY
Time of Receipt:	Employee Code:
Signature:	GO Stamp Signature Verified

A Max Financial and AXIS BANK JV



# **SECTION B**

Policy Number:	Mobile No.:				
E-mail ID:					
Name of Policy Holder/Assignee:					
Name of Life Insured:					
(Kindly share a valid E-mail ID to receive progress undate and closure confirmation on your request)					

(Kindly share a valid E-mail ID to receive progress update and closure confirmation on your request)

Amend Combo Policies If no, then policies will change to

#### Is new nominee a Politically Exposed Person\* (Yes / No) Please tick

\* Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions, for example Heads / Ministers of Central / State Government, Senior Politicians, Senior Government / Judicial / Military Officers, Senior executive of State-Owned Corporations, Important political party officials & immediate family member of above persons (Spouse, Children, Parents, Siblings, In-laws).

From	То	Relationship	Date of Birth DD/ MM/YY	% Share

Note: If nominee is a minor; below the age of 18 years please name a person (Appointee) to receive policy proceeds in the event of death of Life Insured, while the nominee is still a minor. Please provide following information for "Appointee."

Name of Appointee:						
Relationship to Nominee:						
Address:						
Appointee DOB:	Appointee's Signature:					
4. Change in Premium Mode (Tick the preferred Mode)						
Monthly Quarterly Semi-annual Annual						
Terms & Conditions						
• For Other than Annual Mode, Electronic Payment Mode is Mandatory i.e the method of payment should be through ECS or Credit Card Standing Instruction only.						

Change of Mode is subject to the Terms and Conditions of the Policy Contract or determined by the Company • from time to time.

#### 5. Change in Premium Payment Method (Tick to indicate Method required)

Direct Debit (Completely filled ECS mandate required) Cash / cheque

\*Remittances of premium by cash should not exceed ₹ 50,000

Note: In case Policyholder wants to change from auto debit to direct bill, then the bank statement of last three months is required to validate if the ECS account is also the NEFT account of the policyholder. In case the account is not active, the bank statement of the last three months and a cancelled cheque are required from another account of the policyholder to enable the update of NEFT details.





	SEC	ΓΙΟΝ Β							
C Change in Denue Option (7									
6. Change in Bonus Option (7		· · ·							
	Cash / cheque Premium offset Paid-up addition (PUA)								
7. Change in Non-Forfeiture	-								
Reduced Paid-up	Extended Term Insurance								
requests contained above and I hereby authorise Max Life in validate / update my KYC deta ID only (strike if you want to o "In case the Policyholder pro- liable for any delay arising d applicable from the date of co "I / we understand that, I / w information) with Max Life for	d submitting the completed to process my payouts to ils. I accept to receive all fu continue with hard copy). vides incomplete or incorre ue to such incorrect / incor- omplete requirements / doc re have disclosed my / our the purpose of providing in r the purposes of underwri	Amendment Request form and the questions / amendment Policy Amendment Request form of my own volition. my Aadhaar linked Bank Account and to use the same ture communication from Max Life Insurance through E-m ect information in this form, the company will not be he omplete information." Also, the relevant processing will uments received by Max Life Insurance. personal information (which may include Aadhaar relat hsurance and related services and I / we hereby consent a ting assessment, claim investigation / settlement, KYC a	to nail eld be ed						
Signature of Policyholder / As		(should match with policy record	dc)						
Date: D D M M Y Y	Y Y Place:		20)						
		/PA, Section 5), please share the consent from Wife / Trustee / Legal he							
	e contents of this form to the polic ding the contents of this form.	n of a thumb impression (left thumb) or in a vernacular language, I here yholder and that left thumb impression / signature of the policyholder							
Date: DD MM YY	Y Y Place:								
Signature:		GO Stamp Signature Verified							
POLICYHOLDER ACKNOWLE	DGEMENT SLIP								
Policy Number:		Type of request:							
Received by:		Date: DD MM YYYY							
Time of Receipt:		Employee Code:							
Signature:		GO Stamp Signature Verified							

# **A Max Financial and AXIS BANK JV**



# SECTION C

Policy Number:	Mobile No.:
E-mail ID:	
Name of Policy Holder/Assignee:	
Name of Life Insured:	

(Kindly share a valid E-mail ID to receive progress update and closure confirmation on your request)

1. Addition / Change of Rider	A – Addition	C - Ch
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Change D - Deletion

Α	с	D	Rider (Tick to Indicate)	Term	Coverage Amount	Effective Date (DD/MM/YY)	Current Occupation
Premium Amount (without Service Tax and Education Cess)							Policyholder Request Date (DD/MM/YY)
Service Tax and Education Cess							
Total Premium Payable (with Service Tax and Education Cess)							

#### Note:

- Health Declaration form is required for any addition of rider. Life Insured may be required to undergo medical tests.
- Completely filled pay or questionnaire and duly attested date of birth proof is required for Addition of payor rider.
- Any addition of rider / option is subject to company underwriting the risk or realization of premium whichever is later and the company shall not be liable until such time it has underwritten the risk and issued the rider / option contract to the policyholder.

I understand and agree that the change request by me will be accepted by the Company subject to the terms and conditions of the policy contract.

I fully understand the meaning and scope of the Policy Amendment Request form and the questions / amendment requests contained above and submitting the completed Policy Amendment Request form of my own volition.

I hereby authorise Max Life to process my pay-outs to my Aadhaar linked Bank Account and to use the same to validate / update my KYC details. I accept to receive all future communication from Max Life Insurance through E-mail ID only (strike if you want to continue with hard copy).

"In case the Policyholder provides incomplete or incorrect information in this form, the company will not be held liable for any delay arising due to such incorrect / incomplete information." Also, the relevant processing will be applicable from the date of complete requirements / documents received by Max Life Insurance.





# SECTION C

"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 authorise Max Life to use for the purposes of underwriting assessment, claim investigation / settlement, KYC and policy servicing purposes, as per applicable law."

Signature of Policyholder / Assignee:		(should match with policy records)
Date: DDMMYYYY	Place:	
Note: In case, policy is issued under Married Women	Property Act (MWPA, Se	ection 5), please share the consent from Wife / Trustee / Legal heir.
	s form to the policyholde	humb impression (left thumb) or in a vernacular language, I hereby er and that left thumb impression / signature of the policyholder has
Name & Address of Declarant:		
Date: DD MM YYYY	Place:	
Signature:		GO Stamp Signature Verified

POLICYHOLDER ACKNOWLEDGEMENT SLIP	
Policy Number:	Type of request:
Received by:	Date: DD MM YYYY
Time of Receipt:	Employee Code:

Signature:		
5.5		

GO Stamp	
Signature Verified	
eignatare renned	

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# **SECTION D**

Policy Number:	Mobile No.:
E-mail ID:	
Name of Policy Holder/Assignee:	
Name of Life Insured:	

(Kindly share a valid E-mail ID to receive progress update and closure confirmation on your request)

9. Switching c	of funds		10. Redir	ection of F	unds	
I authorise Max Life			I authorise Max Life			
insurance to invest all			Insurance to invest			
existing premium in			all future premium in			
proportion as mentioned			proportion as mentioned			
below			below			
Name of Fund (depends	From (%	To (% or	Name of Fund (depends	From (%	To (% or	The
upon availability of funds	or	Amount)	upon availability of funds	or	Amount)	request for
in Plan)	Amount)		in Plan)	Amount)		redirection
Secure Fund			Secure Fund			or
Growth Fund			Growth Fund			switching
Growth Super Fund			Growth Super Fund			of funds
Balance Fund			Balance Fund			will be accepted
Conservative Fund			Conservative Fund			subject to
Dynamic Opportunity Fund			Dynamic Opportunity Fund			Terms and
Secure Plus Fund			Secure Plus Fund			Conditions
Others (if specify)			Others (if specify)			of Policy
						Contract
Total of Fund investment percentage should be 100%						

I fully understand the meaning and scope of the Policy Amendment Request form and the questions / amendment requests contained above and submitting the completed Policy Amendment Request form of my own volition. I hereby authorise Max Life to process my payouts to my Aadhaar linked Bank Account and to use the same to validate / update my KYC details. I accept to receive all future communication from Max Life Insurance through E-mail ID only (strike if you want to continue with hard copy).

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Also, the relevant processing will be applicable from the date of complete requirements / documents received by Max Life Insurance.

"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 authorise Max Life to use for the purposes of underwriting assessment, claim investigation / settlement, KYC and policy servicing purposes, as per applicable law."





### SECTION D

Signature of Policyholder / Assignee: \_

\_ (should match with policy records)

Date: D D M M Y Y Y Y

Place: \_\_\_\_\_

Note: In case, policy is issued under Married Women Property Act (MWPA, Section 5), please share the consent from Wife / Trustee / Legal heir.

**Vernacular Declaration:** In case 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 policyholder and that left thumb impression / signature of the policyholder has been appended after fully understanding the contents of this form.

Name & Address of Declarant: \_\_



Place: \_\_\_\_

Signature: \_\_\_\_\_

GO Stamp Signature Verified

POLICYHOLDER ACKNOWLEDGEMENT SLIP	
Policy Number:	Type of request:
Received by:	Date: DDMMYYYY
Time of Receipt:	Employee Code:
Signature:	GO Stamp Signature Verified

\_\_\_\_\_





# **SECTION D**

	aid Up Addition (PUA)	(ii) Bank Details of the Policyholder - Mandatory
Refund the amour PUA of ₹		MICR Code
Adjust accumulated PUA amount		Type of Bank Account: Savings       Current       NRO       NRE         Bank Name
Towards Renewal	premium for Policy	Bank Account No.
PUA Surrender request. In c	at the time of submitting the ase policy is inactive, please re submission of PUA request.	IFS Code Bank Address
		PAN Note: Kindly attach a cancelled cheque bearing account number and Policyholder name or copy of Bank Passbook
		194DA of Income Tax Act prevailing at the time of payment. If you are an NRI, s form and TDS will be governed in accordance to Section 195.
	12. De	eactivation of STP / DFA
Deactivation of STP	Deactivation of D	FA*STP (Systematic Transfer Plan) / DFA (Dynamic Fund Allocation) (Note: Both are allowed on policy anniversary only)
	13. Partial Sur	render/Smart Withdrawal Option
Note: - The Company will acc Contract.	ept the request for partial surr	ender/Smart Withdrawal Option subject to the terms and conditions of the Policy
Name of the fund		
	Amount to be withdrawn/Percentage	II. Bank Details of the Policyholder - Mandatory
		II. Bank Details of the Policyholder - Mandatory MICR Code
		MICR Code
Smart Withdrawal Optio	withdrawn/Percentage	MICR Code
Smart Withdrawal Optic	withdrawn/Percentage	MICR Code
Smart Withdrawal Optio Smart Withdrawal Payo (please specify policy y	withdrawn/Percentage	MICR Code
Smart Withdrawal Optio Smart Withdrawal Payo (please specify policy y Frequency of Smart	withdrawn/Percentage on out Date: DD MM YYYY ear here) Withdrawal Payouts:	MICR Code   Type of Bank Account: Savings   Current   NRO   Bank Name   Bank Account No.   IFS Code   Bank Address
Smart Withdrawal Optio Smart Withdrawal Payo (please specify policy y Frequency of Smart Annual/Semi Annual/Qu	withdrawn/Percentage on out Date: DD MM YYYY ear here) Withdrawal Payouts:	MICR Code    Type of Bank Account: Savings    Current    NRO    Bank Name    Bank Account No.    IFS Code





## **SECTION E**

Policy Number:	Mobile No.:		
E-mail ID:			
Name of Policy Holder/Assignee:			
Name of Life Insured:			
(Kindly share a valid E-mail ID to receive progress update and	closure confirmation on your request)		
No Objection Certificate from Life Insured (applica I ; h payouts towards the above Policy and will not hold Max Life In	ereby confirm the valid discharge of the requested		
Date: DD MM YYYY Place:	Signature:		
I fully understand the meaning and scope of the Policy Amendment Request form and the questions / amendment requests contained above and submitting the completed Policy Amendment Request form of my own volition.			
I hereby authorise Max Life to process my payouts to my Aadhaar linked Bank Account and to use the same to validate / update my KYC details. I accept to receive all future communication from Max Life Insurance through E-mail ID only (strike if you want to continue with hard copy).			
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"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 authorise Max Life to use, for the purposes of underwriting assessment, claim investigation / settlement, KYC and policy servicing purposes, as per applicable law."			
Signature of Policyholder / Assignee:	(should match with policy records)		

Date: D D M M Y Y Y Y

Place: \_\_\_\_\_

Note: In case, policy is issued under Married Women Property Act (MWPA, Section 5), please share the consent from Wife / Trustee / Legal heir.





**Vernacular Declaration:** In case 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 policyholder and that left thumb impression / signature of the policyholder has been appended after fully understanding the contents of this form.

#### Name & Address of Declarant: \_\_

Date: DD MM YYYY	Place:	
Signature:		GO Stamp Signature Verified

POLICYHOLDER ACKNOWLEDGEMENT SLIP	
Policy Number:	Type of request:
Received by:	Date: D D M M Y Y Y Y
Time of Receipt:	Employee Code:
Signature:	GO Stamp Signature Verified

\_\_\_\_\_





### **SECTION F**

Policy Number:	Mobile No.:
E-mail ID:	
Name of Policy Holder/Assignee:	
Name of Life Insured:	

(Kindly share a valid E-mail ID to receive progress update and closure confirmation on your request)

15. Change in Signature				
1	, hereby declare that b	elow mentioned specimen signature		
provided on day of 20 and the same witnessed hereunder duly attested				
by Bank authority. I further state that henceforth, the signature as appended below should be considered for all				
future requests.				
Old Signature	New Signature with Bank Attestation	Bank Seal (Bank Attestation)		
Note: Please attach acceptable self-attested Photo Identity Proof, specimen signature form and affidavit on ₹ 100/- stamp paper stating,				

"Change of Signature."

# 16. Change in Plan / Policy Term

Plan Change	Change in Policy Term		
Existing / Old Plan details	New Plan details		
Plan Name	Plan Name		
Policy Term Year Premium Paying Term Year	Policy Term Year Premium Paying Term Year		
Base Sum Assured	Base Sum Assured		
Rider Sum Assured	Rider Sum Assured		
Rider Term (No. of years)	Rider Term (No. of years)		
Rider Term	Rider Term		
Change in Premium Frequency (Annual, Semi-Annual,	Change in Premium Frequency (Annual, Semi-Annual,		
Quarterly, Monthly)	Quarterly, Monthly)		
Note: New proposal form and Illustration is mandatory (duly signed by Policyholder) in case Plan is getting changed from Traditional to ULIP, one ULIP to another ULIP or vice-versa.			





SECTION F					
17. Change in Sum Assured					
Increase in Sum Assured	Decrease in Sum	Assured Revised Sum assured			
Increase in Sum assured under Volunteer Top Up	Volunteer Top Su	Im Assured Life Stage Benefit option- Increase Sum Assured			
I hereby deposit ₹ Note: Change in Sum assured / Death benefit can		against Premium in lieu of Increase in Sum Assured. Policy Terms and Conditions.			
18. NEFT Update		II. Bank Details of the Policyholder - Mandatory			
I Mr. / Ms hereby request you to update my bu details as per the details given her against Policy No disbursement and transfer of Contractu outs through NEFT.	ank a/c re with for Bank M ual pay- Bank A IFS Co Bank A  PAN Note: Ki	<pre>, MICR Code</pre>			
Disclaimer: TDS will be applicable in accordance to Section 194DA of Income Tax Act prevailing at the time of payment. If you are an NRI, please fill up the NRI declaration, available at the end of this form and TDS will be governed in accordance to Section 195.					

I fully understand the meaning and scope of the Policy Amendment Request form and the questions / amendment requests contained above and submitting the completed Policy Amendment Request form of my own volition.

I hereby authorise Max Life to process my payouts to my Aadhaar linked Bank Account and to use the same to validate / update my KYC details. I accept to receive all future communication from Max Life Insurance through E-mail ID only (strike if you want to continue with hard copy).

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Signature of Policyholder / Assignee:	(should match with policy records)
Date: DDMM YYYY	Place:

Note: In case, policy is issued under Married Women Property Act (MWPA, Section 5), please share the consent from Wife / Trustee / Legal heir.





# **SECTION F**

**Vernacular Declaration:** In case 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 policyholder and that left thumb impression / signature of the policyholder has been appended after fully understanding the contents of this form.

Name & Address of Declarant:

Date: D D M M Y Y Y Y Place:	
Signature:	GO Stamp Signature Verified
POLICYHOLDER ACKNOWLEDGEMENT SLIP	
Policy Number:	Type of request:
Received by:	Date: DD MM YYYY
Time of Receipt:	Employee Code:
Signature:	GO Stamp Signature Verified





# **SECTION G**

Policy Number:			Mobile No.:		
E-mail ID:					
Name of Policy Holder,	/Assignee:				
Name of Life Insured:					

(Kindly share a valid E-mail ID to receive progress update and closure confirmation on your request)

19. (i) Surrender of OPPB	(ii) Bank Details of the Policyholder - Mandatory
Refund the amount accumulated against OPPB of ₹	
Adjust accumulated OPPB amount of	Type of Bank Account: Savings Current NRO NRE
₹	Bank Name
Towards Renewal premium for Policy no.	Bank Account No.
Note: Policy should be active at the time of submitting the PUA Surrender request. In case policy is inactive, please	IFS Code
get the policy reinstated before submission of PUA request.	Bank Address
	PAN
	Note: Kindly attach a cancelled cheque bearing account number and Policyholder
Disclaimer: TDS will be applicable in accordance to Section	name or copy of Bank Passbook 194DA of Income Tax Act prevailing at the time of payment. If you are an NRI,
	s form and TDS will be governed in accordance to Section 195.
No Objection Certificate from Life Insured (appl	icable only if Life Insured has turned major)
	; hereby confirm the valid discharge of the requested payouts
	Life Insurance liable for any further claim in future.
Date:   D   M   Y   Y   Y   Place:	Signature:
20.1	Policy Reconsideration
Please tick the appropriate option:	Foncy Reconsideration
Change in family details Change in oc	cupation Disclosure of disease Photo update
Change in height and weight	Disclosure of smoking status Change of work country
Disclosure of other insurance details	Change of income details Disclosure of drinking habits
Others	
Details / revised update for option selected	

**Note:-** Policy should be active for reconsideration and any amendment or modifications are subject to underwriting decision as per Policy term & conditions. Please attach all relevant and supporting documents.





# SECTION G

I fully understand the meaning and scope of the Policy Amendment Request form and the questions / amendment requests contained above and submitting the completed Policy Amendment Request form of my own volition.

I hereby authorise Max Life to process my payouts to my Aadhaar linked Bank Account and to use the same to validate / update my KYC details. I accept to receive all future communication from Max Life Insurance through E-mail ID only (strike if you want to continue with hard copy).

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\_\_\_\_\_ (should match with policy records)

Signature of Policyholder / Assignee: \_\_\_

Date: D D M M Y Y Y Y

Note: In case, policy is issued under Married Women Property Act (MWPA, Section 5), please share the consent from Wife / Trustee / Legal heir.

Place: \_\_\_\_

**Vernacular Declaration:** In case 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 policyholder and that left thumb impression / signature of the policyholder has been appended after fully understanding the contents of this form.

#### Name & Address of Declarant: \_\_\_\_

Date: DD MM YYYY	Place:	
Signature:	GO Stamp Signature Verified	
POLICYHOLDER ACKNOWLEDGEMENT SLIP	>	
Policy Number:	Type of request:	
Received by:	Date: DD MM YYYY	
Time of Receipt:	Employee Code:	
Signature:	GO Stamp Signature Verified	





# SECTION G

Please fill below table for residency declaration:

SETTLEMENT				
Settlement payout mode				
Monthly	Quarterly	Semi-Annual	Annual	
Settlement Term (in years)				
1	2	3	4	

#### Note:

- 1) TDS would be applicable as per prevailing rate basis country of residence, submission of above details and compliance under provision of Section 10(IOD) / Section 10(10A) of the Income Tax Act, 1961.
- 2) In case of non-availability of PAN, no TDS certificate will be issued.

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Signature of Policyholder: \_\_\_\_

Date: D || D | M || M || Y || Y || Y || Y ||

Place: \_\_\_\_

Note: In case, policy is issued under Married Women Property Act (MWPA, Section 5), please share the consent from Wife / Trustee / Legal heir.





## **SECTION H**

	Yes / No
a. If Non-Resident (NR) as per Indian Income Tax Act, 1961	
b. If Yes	
(i) Country of Residence	
(ii) Do you have PAN Card (If Yes, please provide)	
(iii) If Tax Residency Certificate (Certificate issued by Govt. of respective)	
(iv) Signed form 10F (format attached)	
(v) Permanent Establishment declaration (format attached)	

#### Note:

1) Payment method through electronic payment mode (NEFT) only. (Cancel cheque required)

2) Minimum term for the Settlement option is 1 year & maximum is 5 years.

3) First payout will start from the policy maturity date as per the opted payout and settlement term.

"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 authorise Max Life to use, for the purposes of underwriting assessment, claim investigation / settlement, KYC and policy servicing purposes, as per applicable law."

Signature of Policyholder: \_



Place: \_\_\_

Note: In case, policy is issued under Married Women Property Act (MWPA, Section 5), please share the consent from Wife / Trustee / Legal heir.







Login to manage your policy maxlifeinsurance.com/customer-service



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