

### **POLICY SURRENDER FORM**

#### PLEASE FILL THE FORM IN CAPITAL LETTERS

Policyholder's Name:													
Policy No.:		Мо	bile No.:										
Email ID:													
Nationality: Indian	Foreign Nationa	al	NRI		PIO								
I accept to receive all further communication fro I hereby authorise Max Life to proces validate/update my KYC details.		-		-		-							
Bank Details for NEFT													
Account Holder Name:													
Type of Bank Account: Savings Current NRO NRE													
MICR Code:		Bank Nam	e:										
Bank Account No.:													
IFS Code:			PAN:										
TDS will be applicable in accordance to Section 1940A 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. Declaration: I am the policyholder of above mentioned policy. I request you to please process the surrender request and pay the applicable surrender value post deduction of charges (if any). I do hereby declare and affirm that details provided herein are true and correct. I understand that on payment of surrender value my policy along with associated benefit will cease to exist. "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, 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."													
Date: D D M M Y Y Y	Y												
Place:	Signatu	re of Polic	yholder/	Assig	gnee	:							
Note: In case, policy is issued under Ma from Wife /Husband/Trustee/Legal heir No Objection Certificate from Life Inst	r.							-	ase s	hare	e the	con	sent
		-					-		este	d pav	vout	tow	ards
the above policy and will not hold Max Place:	Life Insurance	iable for a	ny furthe	er cla	ıim i	n fut	ture.						
Customer Acknowledgement Slip													

We thank you for choosing Max Life Insurance as your preferred insurance partner and hope that you will reconsider our products in the near future. We regret your decision and hope you have evaluated all the benefits of continuing with your policy prior to making this application. Your request will be processed within 15 days of submission at our branch office. In case you need any clarification or assistance regarding your policy, please reach us at the details given below







#### Please Note:

- Your request will be processed; provided the request form has been filled in completely and all mandatory documents have been submitted
- For Unit Linked products, if application is received up to 15:00 hrs IST on a business/working day, the same day's NAV will be applicable. However, if application is received after 15:00 hrs IST, then the next day declared NAV will be applicable
- In case of address change or contact details change request, please fill up a separate policy service request form and submit with valid address proof
- Max Life Insurance shall not be held responsible for delay or non-receipt of the cheque in case the postal address is incomplete/incorrect in the company's records
- Max Life Insurance will not be responsible in case of non-credit to your account or if your transaction is delayed or not effected at all, for reasons of incomplete/incorrect information provided or rejected by your bank. In case the requisite information for direct credit is not received or transaction is rejected by the bank, the payouts will be made vide cheque

#### Mandatory Documents Required for Processing Payout

	Self –attested copy of official valid document such as "Aadhar , Voter ID , DL or Passport or NAREGA Job Card" ( Carry Original for Branch Verification as well)".
	Original cancelled cheque with pre-printed name & account number.
	Pass book copy/bank statement having pre-printed name & account number in case cancelled cheque does not have pre-printed name and account number (carry original for verification at branch).
	Latest contact details & NRE bank statement reflecting all premiums paid from NRE account.
Bra	nch Mandatory Checklist
	All documents are original seen and verified by the Max Life Insurance personnel.
	Retention efforts made Yes No
	Reason for surrender
	1. Stated policy benefits and returns, as per the policy contract, vary from those understood by me at the time of purchase
	I thought that I need to pay premiums for lesser years / only 1 year
	I thought I will get higher returns
	The maturity period is different from what I understood
	Other reasons
	2. I cannot afford to pay the premium for this policy
	☐ I have a medical emergency ☐ I have a financial emergency
	I am getting better benefits from another insurer
	I am getting good returns based on my fund value and I want to withdraw the money
	I want to withdraw my funds as the lock-in period is over Payout to the customer NEFT Cheque
You	you know? Buying a new insurance is more expensive than insurance purchased at a younger age. Don't surrender! can also opt for partial surrender or loan facility, to meet your fund requirements and continue with your policy, ject to the terms and conditions of the policy.
R	Low Charges: In the Unit Linked products, the charges reduce gradually over the years leading to a higher proportion of your premium being invested in the fund.
	High Growth Potential: ULIPs provide the option to invest in equity, which provides potential for higher growth of your funds.

Life Cover: Once the policy is surrendered, the life cover ceases thus depriving you of the benefit when you actually need it.

Tax Benefit: You can avail tax benefit under the section of the Income Tax Act 1961, subject to any further amendment.

# A Max Financial and AXIS BANK JV



## To be Filled only if Nationality is Other than Indian.

Important Instructions:

- $\boldsymbol{\cdot}$  All fields are compulsory  $\boldsymbol{\cdot}$  Please fill in capital letters
- Attach documentary evidence as marked (\*)

Client ID:						
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     M     M     Y     Y     Y     City of birth:						
Country of birth:						
*INDIAN ADDRESS:						
Flat No./Building No.:						
City: State: PIN Code: III Code:						
Mobile No.:     Tel. No.:     Image: Comparison of the second sec						
Address Type: Residential Business Registered Office Unspecified						
*OVERSEAS ADDRESS:						
Flat No./Building No.:						
City: State: PIN Code: PIN CODE PIN COD						
Mobile No.:      Tel. No.:						
Address Type: Residential Business Registered Office Unspecified						
Policyholder's Name:						
Request Received Date:   D   D   M   Y   Y   Request No.:   GO Stamp     Name of Branch Official:						
Employee Code of Branch Official:						
Signature::						





OCCUPATION:	
Salaried Self-employed Business Retired Housewife	e
Others, please specify	
Passport No.:	Issuing Country:
*PAN.:	5
*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 AADHAA	R Card
NAREGA Job Card Any Other Government Agency Issued Document	
I do hereby certify that above stated information is correct in all respects and m reporting to statutory authorities & compliances, and understand that it is my 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 are obtained and verified.
Signature:	
YOU ARE THE DIFFERENCE	
Our virtual assistant WhatsApp   Chat with MILI on our website Send 'Hi' to 74283 96005	Write to us at
Chat with MILI on our website Send 'Hi' to 74283 96005 maxlifeinsurance.com/customer-	service maxlifeinsurance.com/contact-us Follow us <b>f y</b> O <b>D</b>
Important: DO NOT believe in calls, SMS, E-mail offering discounts. For NEFT Payments, please transfer only to "HSBC Bank A/C No. 1165 Life does not collect Premium in any other account. Max Life Insurance Co. Ltd.: Plot No. 90C, Sector 18, Udyog Vihar, Gurugram, Haryana Tehsil Balachaur, District Nawanshahr, Punjab - 144 533. Fax: 0124-4159397,CIN: U74899PB2000PLC045626   Customer Helpline Numbe BEWARE OF SPURIOUS / FRAUD PHONE CALLS! • IRDAI is not involved in activities like selling insurance policies, announcing bonus are requested to lodge a police complaint.	I - 122015. Regd. Office: 419, Bhai Mohan Singh Nagar, Railmajra, r: 1860 120 5577 IRDAI Registration No. 104
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