

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 days NAV will be applicable. However, if application is received after 15:00 hrs, 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 company's records.
- Max Life Insurance will not be responsible in case of non credit to your account or if transaction is delayed or not effected at all for reasons of incomplete/incorrect information provided or rejected by your bank. In case requisite information for direct credit is not received or transaction is rejected by bank the payout will be made vide cheque

Mandatory Documents Required for Processing Payout

- Original policy document submitted by the policyholder for Surrender request
- Self-attested valid copy of Photo ID proof (carry original for verification at Branch)
- 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 any premiums paid from NRE account

Branch Mandatory Checklist

- All documents are original seen and verified by the Max Life Insurance personnel
- Received surrender request on _____ at am/pm _____
- Retention efforts made Yes No
- Reason for surrender _____
- Payout to the customer NEFT Cheque

Max Life or IRDAI, does not call/sms/e-mail, asking you to change your policy to other insurers, promising high returns. Stay Alert & Safe.

| | | | |
|---|--|--|--|
|  Website www.maxlifeinsurance.com |  Email service.helpdesk@maxlifeinsurance.com |  Helpline 1860 120 1122 |  Facebook facebook.com/maxlife |
|---|--|--|--|

Max Life Insurance Co. Ltd. 3rd Floor, Operation Center, 90-A, Udyog Vihar, Sector-18, Gurugram -122015 (Haryana).

A Max Financial Services and MS Joint Venture

Did you know? Buying a new insurance is expensive than insurance purchased at a younger age. Don't surrender! You can also opt for partial surrender or loan facility, to meet your fund requirements and continue with your policy, subject to the terms of your Policy document.

| | | |
|---|---|---|
|  | 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. |  |
|  | Life Cover: Once the policy is surrendered the life cover ceases thus depriving you of the benefit when you actually need it. |  |
| | High Growth Potential: ULIPS provide the option to invest in equity, which provides potential for higher growth of your funds |  |
| | Tax Benefit: You can avail tax benefit under the section of the Income Tax Act 1961, subject to any further any amendment |  |

NRI Declaration Form

If Non Resident (NR) as per Indian Income Tax Act 1961, please fill this form.

| Particulars | Details |
|---|---------|
| Country of residence | |
| If PAN is available (please provide) | |
| If Tax Residency Certificate (Certificate issued by Govt. of respective country) | |
| Signed form 10F (format attached) | |
| Permanent Establishment declaration (format attached) | |

NOTE:

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

Date:

Place: _____

Signature of Policyholder

“FORM NO. 10F”

[See sub-rule (1) of rule 21AB]

Information to be provided under sub-section (5) of section 90 or sub-section (5) of section 90A of the Income-tax Act, 1961

I. *son/daughter of Shri. in the capacity of
..... (designation) do provide the following information, relevant to the previous year. .
..... *in my case/in the case of. for the purposes of sub-
section (5) of * section 90/section 90A:—

| <i>Sl.No.</i> | <i>Nature of information</i> | <i>:</i> | <i>Details#</i> |
|---------------|--|----------|-----------------|
| (i) | Status (individual; company, firm etc.) of the assessee | : | |
| (ii) | Permanent Account Number (PAN) of the assessee if allotted | : | |
| (iii) | Nationality (in the case of an individual) or Country or specified territory of incorporation or registration (in the case of others) | : | |
| (iv) | Assessee's tax identification number in the country or specified territory of residence and if there is no such number, then, a unique number on the basis of which the person is identified by the Government of the country or the specified territory of which the assessee claims to be a resident | : | |
| (v) | Period for which the residential status as mentioned in the certificate referred to in sub-section (4) of section 90 or sub-section (4) of section 90A is applicable | : | |
| (vi) | Address of the assessee in the country or territory outside India during the period for which the certificate, mentioned in (v) above, is applicable | : | |

2. I have obtained a certificate to in sub-section (4) of section 90 of sub-section (4) of section 90A from the Government of (name of country or specified territory outside India)

Signature:

Name:

Address:

Permanent Account Number:

Verification

I. do hereby declare that to the best of my knowledge and belief what is stated above is correct complete and is truly stated.

Verified today the day of.

.....

Signature of the person providing the information

Place:

TO WHOMSOEVER IT MAY CONCERN

This is to certify that –

1. The amounts being remitted to us by Max Life Insurance Company Ltd. in <name of the currency in which remittance is to be made> are in respect of the <nature of business, services rendered etc.> underlying the scope of agreement between Max Life and us.
2. The amounts are to be remitted to us on our account in <name of the country where the account is held> and we are beneficiaries thereof.
3. We are a resident in <name of the country> as defined in <give reference of the Article> of the Double Taxation Avoidance Agreement (treaty) entered into between India and <name of the country>.
4. It is our firm interpretation that we do not have any Permanent Establishment in India as defined in the <give reference of the Article> of the treaty rendering <nature of business, services rendered etc in India, for example Recruitment services, Human Resource services etc>
5. The amounts receivable from Max Life Insurance Company Ltd. is in the nature of “nature of business, services rendered etc “ and falls under the Articles of the treaties.
6. The place of world assessment of our income is <name of the country>.

Authorized Signatory :

Date:

Place: