



Policy Surrender Form
PLEASE FILL THE FORM IN CAPITAL LETTERS

Policyholder's Name:

Policy No.:

Mobile No.: Nationality: Indian Foreign National NRI PIO

E-mail ID:

I accept to receive all further communication from Max Life Insurance through E-mail ID only (strike if you wish to continue with hard copy). 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.

Bank Details for NEFT

Account Holder Name:

Type of Bank Account: Savings Current NRO NRE

MICR Code: Bank Name: _____

Bank Account No.:

IFS Code: PAN:

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.

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:

Place: _____ Signature of Policyholder / Assignee: _____

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

No Objection Certificate from Life Insured (applicable only if Life Insured has turned major)

I, _____; hereby confirm the valid discharge of the requested payout towards the above policy and will not hold Max Life Insurance liable for any further claim in future.

Place: _____ Signature of Life Insured: _____

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.

Date:





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, 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 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 all premiums paid from NRE account.

Branch Mandatory Checklist

- All documents are original seen and verified by the Max Life Insurance personnel.
- Retention efforts made Yes No
- Reason for surrender _____
- Payout to the customer NEFT Cheque

Did you know? Buying a new insurance is more 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 and conditions of the policy.

-  **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 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.

"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:

Place: _____

Signature of Policyholder / Assignee

"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:-

Sl.No.	Nature of information	:	Details
(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 No. in the country or specified territory of residence and if there is no such no., then, a unique no. 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: _____



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#YouAreTheDifference™



Our virtual assistant
Chat with MILL on our website



WhatsApp
Send 'Hi' to +91 74283 96005



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



Write to us at
maxlifeinsurance.com/contact-us



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. 90A, Sector 18, Gurugram, Haryana - 122 015.

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