



POLICY Number

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 Address Permanent Address Work Address

Address:

Landmark:

City:

PIN Code:

State:

PAN:

Mobile No.:

Tel. No.:

E-mail ID:

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

Please indicate your preference for preferred mailing address: Current Permanent Work

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 Population Register (NPR) containing details of name, address and Aadhaar number
- Passport
- Job card issued by NREGA duly signed by an officer of the State Government
- Voters ID card issued by Election Commission of India
- 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)

Date: 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: Place: _____

Signature: _____



POLICYHOLDER ACKNOWLEDGEMENT SLIP

Policy Number:

Received by: _____

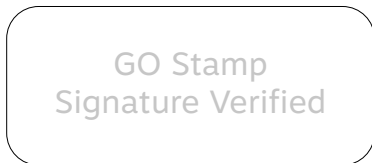
Time of Receipt: _____

Type of request: _____

Date:

Employee Code: _____

Signature: _____





SECTION B

6. Change in Bonus Option (Tick to indicate the Bonus option required)

Cash / cheque Premium offset Paid-up addition (PUA)

7. Change in Non-Forfeiture option (Tick to indicate the NFO required)

Reduced Paid-up Extended Term Insurance

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

Date: Place: _____

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

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Name & Address of Declarant: _____

Date: Place: _____

Signature: _____



POLICYHOLDER ACKNOWLEDGEMENT SLIP

Policy Number:

Received by: _____

Time of Receipt: _____

Type of request: _____

Date:

Employee Code: _____

Signature: _____





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: 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: Place: _____

Signature: _____



POLICYHOLDER ACKNOWLEDGEMENT SLIP

Policy Number:

Received by: _____

Time of Receipt: _____

Type of request: _____

Date:

Employee Code: _____

Signature: _____





SECTION D

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

Date: 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: Place: _____

Signature: _____



POLICYHOLDER ACKNOWLEDGEMENT SLIP

Policy Number:

Received by: _____

Time of Receipt: _____

Type of request: _____

Date:

Employee Code: _____

Signature: _____





SECTION D

11. (i) Surrender of Paid Up Addition (PUA)	(ii) Bank Details of the Policyholder - Mandatory
<input type="checkbox"/> Refund the amount accumulated as PUA of ₹ _____	MICR Code <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Type of Bank Account: Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Bank Name _____ Bank Account No. <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> IFS Code <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Bank Address _____ _____ PAN <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Note: Kindly attach a cancelled cheque bearing account number and Policyholder name or copy of Bank Passbook
<input type="checkbox"/> Adjust accumulated PUA amount of ₹ _____	
<input type="checkbox"/> Towards Renewal premium for Policy No. _____	
Note: Policy should be active at the time of submitting the PUA Surrender request. In case policy is inactive, please get the policy reinstated before submission of PUA request.	
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.	

12. Deactivation of STP / DFA		
Deactivation of STP <input type="checkbox"/>	Deactivation of DFA <input type="checkbox"/>	*STP (Systematic Transfer Plan) / DFA (Dynamic Fund Allocation) (Note: Both are allowed on policy anniversary only)

13. Partial Surrender/Smart Withdrawal Option		
Note: - The Company will accept the request for partial surrender/Smart Withdrawal Option subject to the terms and conditions of the Policy Contract.		
Name of the fund	Amount to be withdrawn/Percentage	II. Bank Details of the Policyholder - Mandatory
		MICR Code <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Type of Bank Account: Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Bank Name _____ Bank Account No. <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> IFS Code <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Bank Address _____ _____ PAN <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Note: Kindly attach a cancelled cheque bearing account number and Policyholder name or copy of Bank Passbook
Smart Withdrawal Option		
Smart Withdrawal Payout Date: DD MM YYYY (please specify policy year here)		
Frequency of Smart Withdrawal Payouts: Annual/Semi Annual/Quarterly/Monthly		
% of fund value that would be required in a year _____%		
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.		



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 (applicable only if Life Insured has turned major) I _____ ; hereby confirm the valid discharge of the requested payouts towards the above Policy and will not hold Max Life Insurance liable for any further claim in future.

Date: 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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Signature of Policyholder / Assignee: _____ (should match with policy records)

Date: Place: _____

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



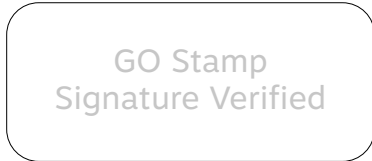
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Name & Address of Declarant: _____

Date:

Place: _____

Signature: _____



POLICYHOLDER ACKNOWLEDGEMENT SLIP

Policy Number:

Received by: _____

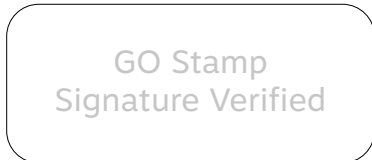
Time of Receipt: _____

Signature: _____

Type of request: _____

Date:

Employee Code: _____





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

I _____, hereby declare that below 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 <input type="checkbox"/>	Change in Policy Term <input type="checkbox"/>
Existing / Old Plan details _____	New Plan details _____
Plan Name _____	Plan Name _____
Policy Term <input type="checkbox"/> Year Premium Paying Term <input type="checkbox"/> Year	Policy Term <input type="checkbox"/> Year Premium Paying Term <input type="checkbox"/> Year
Base Sum Assured _____	Base Sum Assured _____
Rider Sum Assured _____	Rider Sum Assured _____
Rider Term (No. of years) <input type="checkbox"/>	Rider Term (No. of years) <input type="checkbox"/>
Rider Term <input type="checkbox"/>	Rider Term <input type="checkbox"/>
Change in Premium Frequency (Annual, Semi-Annual, Quarterly, Monthly) <input type="checkbox"/>	Change in Premium Frequency (Annual, Semi-Annual, Quarterly, Monthly) <input type="checkbox"/>

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 <input type="checkbox"/>	Decrease in Sum Assured <input type="checkbox"/>	Revised Sum assured <input type="checkbox"/>
Increase in Sum assured under Volunteer Top Up <input type="checkbox"/>	Volunteer Top Sum Assured <input type="checkbox"/>	Life Stage Benefit option-Increase Sum Assured <input type="checkbox"/>

I hereby deposit ₹ _____ against Premium in lieu of Increase in Sum Assured.
 Note: Change in Sum assured / Death benefit can be made subject to Policy Terms and Conditions.

18. NEFT Update

II. Bank Details of the Policyholder - Mandatory

I Mr. / Ms. _____, hereby request you to update my bank a/c details as per the details given here with against Policy No. _____ for disbursement and transfer of Contractual pay-outs through NEFT.	MICR Code <input type="text"/>
	Type of Bank Account: Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/>
	Bank Name _____
	Bank Account No. <input type="text"/>
	IFS Code <input type="text"/>
	Bank Address _____
PAN <input type="text"/>	Note: Kindly attach a cancelled cheque bearing account number and Policyholder name or copy of Bank Passbook

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.

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

Date: 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

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Name & Address of Declarant: _____

Date:

Place: _____

Signature: _____



POLICYHOLDER ACKNOWLEDGEMENT SLIP

Policy Number:

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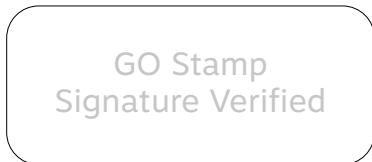
Time of Receipt: _____

Signature: _____

Type of request: _____

Date:

Employee Code: _____





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

Date: Place: _____

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Name & Address of Declarant: _____

Date: Place: _____

Signature: _____



POLICYHOLDER ACKNOWLEDGEMENT SLIP

Policy Number:

Received by: _____

Time of Receipt: _____

Type of request: _____

Date:

Employee Code: _____

Signature: _____





SECTION G

Please fill below table for residency declaration:

SETTLEMENT			
Settlement payout mode			
Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Semi-Annual <input type="checkbox"/>	Annual <input type="checkbox"/>
Settlement Term (in years)			
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

- 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.

“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: _____

Date: 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: _____

Date:


Place: _____

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


YOU ARE THE DIFFERENCE™

 **Our virtual assistant**
Chat with MILI
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

Follow us    

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: HSB0110002". 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, Railmagra, Tehsil Balachaur, District Nawanshahr, Punjab - 144 533. **Fax:** 0124-4159397, **CIN:** U74899PB2000PLC045626 | CUSTOMER HELPLINE NUMBER: 1860 120 5577

IRDAI Regn. 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