CHEQUE STOP PAYMENT FORM

Servicing GO Name: ..... GO Code: .....

Policy Number: ☐☐☐☐☐☐☐☐☐☐ Name of Policyholder: .....

Mobile Number ☐☐☐☐☐☐☐☐☐☐ Email: .....

DECLARATION

I request Max Life Insurance to stop the payment against the cheque number ..... for the amount the amount of Rs. ..... dated ☐☐ ☐☐ ☐☐☐☐ due to the following reasons:

☐ 1. Expired / Undelivered Cheque ☐ 2. Cheque Lost

With reference to this request, please take the following action:

☐ NEFT direct transfer to my bank account:

Bank Details of the Policyholder - Mandatory	
a) Bank Account No : ☐☐☐☐☐☐☐☐☐☐☐☐	**b) IFSC Code** ☐☐☐☐☐☐☐☐☐☐☐
c) Bank Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	**d) Bank Address** ....

Note - Kindly attach a cancelled cheque bearing account number and policyholder name or copy of Bank Passbook along with this Form.

Instruction:

- It is important that for these electronic payment systems, the account holders name must match exactly the name with bank records as well as with our policy records.
- In cases where beneficiary's bank account number & name is printed on the cheque, bank attestation is not required. For all other cases bank attested NEFT mandate is required.
- The customer who is willing to transfer the funds will be required to provide the 11 digits valid IFSC Code, which is applicable for NEFT only. Of the branch where the funds need to be transferred.
- Cancelled cheque should be attached along with this form.
- This Form needs to be completed in all respects.

DISCLAIMER: In case of non-credit to my bank account with/ without assigning any reasons thereof or if the transaction is delayed or not effected at all for reasons of incomplete/incorrect information, I would not hold Max Life Insurance Co. Ltd. responsible. Further, the Company reserves the right to use any alternative payout option including demand draft/ payable at par cheque inspite of opting for Direct Credit option.

☐ I hereby instruct Max Life Insurance to transfer the cheque amount to my other policy number :
☐☐☐☐☐☐☐☐☐☐

☐ I hereby instruct Max Life Insurance Company to allocate this cheque amount to my policy and reinstate my policy. (Only if the reinstatement request is within 180 days from the lapse date)

☐ Send me a cheque as my bank is Non IFSC registered. I hereby instruct Max Life team to send the cheque to my

☐ a. Servicing GO ☐ b. Billing Address

Signature of the Policy Holder ..... Date ☐☐ ☐☐ ☐☐☐☐

Please Note: We request you to provide your Valid ID Proof along with this request.

For official use only

Has the CSE verified the policy holder signatures: ☐ Yes ☐ No

Employee ID ..... Name .....

Signature of CSE .....

Max Life Insurance Co. Ltd.

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