

Max Life Insurance Company Ltd. 90 A, Sector-18, Udyog Vihar, Gurgaon-122015, Haryana Phone Number- 0124-4219090- Extn- 9699, Toll Free- 18002005577
Email- claims.support@maxlifeinsurance.com

		<u> </u>	r unus r	ransfer- Ma	iluate form		
I Mr.		resident	of			n/daughter/wife	of
Limited e	lectronically t		i do i n payment	hereby reque	est Max Life	under the Insurance Cor ed policy numbe	npany
Account I	Holder Name:						
Bank nan	ne:						
Type of E	ank Account:						
Bank Acc	ount Number	:					
Branch A	ddress	:					
MICR cod	de	:					
IFSC cod	e (Indian Fina	ancial Security c	ode):				
Declarati	on–						
liabilities, le	gal proceedings	(including attorney	/ fees'), expe	enses, or damag	ges suffered by	against any and/or or taken against M ned in this EFT mand	ax Life I
Date:							
Account I	Holder / Claim	nant Signatures:					
Bank Ve	rification -						
		d person, on behalf andate form are corr			, confirm that the	bank account details	of the in
Name of	Bank:						
Bank veri	fication Stam	p with branch ac	ldress and	Signature of t	he Banker		
Name of	the Signing a	uthority					
	copy of canc along with t		r copy of k	oank accoun	t passbook b	earing the abov	<u>re ment</u>