

Policy Number									
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## 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 p	reference for preferred mailir	ng address: Current Permanent Work
self-attested supporti	ng address proof for new add	00, including all the policies, please provide a copy of Iress.Valid documents for supporting address proofs are tach PAN copy in case of PAN updation.
	egister (NPR) containing ess and Aadhaar number	Passport  Voters ID card issued by Election Commission
Job card issued by NF by an officer of the Sta		of India  Driving License
2. Change in Name		
Policyholder Lif	e Insured Company Na	me Assignee
Title		
First Name		
Middle Name		
Last Name		
	6 0 1 1 1 1 1 1	

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, 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."

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

Date: D D M M Y Y Y Place	ce:
Note: In case, policy is issued under Ma consent from Wife / Trustee / Legal heir.	arried Women Property Act (MWPA, Section 5), please share the
thumb) or in a vernacular language, I her	holder's signatures is in the form of a thumb impression (left reby declare that I have fully explained the contents of this form impression / signature of the policyholder has been appended f this form.
Name & Address of Declarant:	
Date: D D M M Y Y Y Place	ce:
Signature:	GO Stamp
	Signature Verified:
***************************************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
POLICYHOLDER ACKNOWLEDGEMENT	SLIP
Policy Number:	Type of request:
Received by:	_ Date: D D M M Y Y Y Y GO Stamp
Time of Receipt:	
Signature:	Signature Verified:





#### SECTION B

		SECTION B		
Policy Number:				
Mobile No.:				
E-mail ID:				
(Kindly share a valid Em	nail-ID to receive progr	ess update and closu	re confirmation on your re	quest)
3. Change in Nominee		(Vas / Na) Blassa tiak	e	
Is new nominee a Politic *Politically Exposed Pe			nave been entrusted with	n prominent public
functions, for example I	Heads / Ministers of Co	entral / State Governi	ment, Senior Politicians, S	enior Government /
		70	orations, Important politic , Parents, Siblings, In-la	7
From	То	Relationship	Date of Birth DD/MM/YY	% share
			n (Appointee) to receive policy llowing information for "Appoi	7.7
Name of Appointee:				
Relationship to Nomine	e.			
Address:				
Address.				
Appointee DOB:		Appointee's Sig	nature:	
4. Change in Premium	n Mode			
(Tick the preferred M	ode) Monthly	Quarterly Sen	ni-annual Annual	
Term & Conditions				100 96 000 000
<ul> <li>For a mode change to of payment should be tl</li> </ul>	3		c Payment Mode is applica tion only.	able i.e., the method
· Change in mode is sub	bject to the terms and o	교리에서는 그리고 있었다. 네일하게 요즘 아이들이 얼굴하는 그것 같아요 뭐 있다고 있다면요?	as may be determined by the	ne company time to
time with respect to the				
5. Change in Premium				
	rect Debit (Completely		equired)	
*Remittances of premiu	m by cash should not e	exceed < 50,000		

**Note:** In case Policyholder wants to change from auto debit to direct bill, then the bank statement of last three months is required to validate if the ECS account is also the NEFT account of the policyholder. In case the account is not active, the bank statement of the last three months and a cancelled cheque are required from another account of the policyholder to enable the update of NEFT details.





# **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	
	ended Term Insurance
I fully understand the meaning and scope of the Policy Amendment Request requests contained above and submitting the completed Policy Amendment	
I hereby authorise Max Life to process my payouts to my Aadhaa the same to validate / update my KYC details. I accept to receive Max Life Insurance through E-mail ID only (strike if you want to conti	ve all future communication from nue with hard copy).
"In case the policyholder provides incomplete or incorrect information i held liable for any delay arising due to such incorrect / incomplete inform will be applicable from the date of complete requirements / documents r	nation." Also, the relevant processing
"I / we understand that, I / we have disclosed my / our personal information information) with Max Life for the purpose of providing insurance and related authorise Max Life to use, store and / or share the same with government / repositories, reinsurers / hospitals or diagnostic centers / other insural underwriting assessment, claim investigation / settlement, KYC and policy services."	services and I / we hereby consent and egulatory / statutory bodies, insurance ince companies for the purposes of
Signature of Policyholder / Assignee	(should match with policy records)
Date: D D M M Y Y Y Place:	
Note: In case, policy is issued under Married Women Property Act (Notes) consent from Wife / Trustee / Legal heir.	MWPA, Section 5), please share the
Vernacular Declaration: In case policyholder's signature is in the form of a vernacular language, I hereby declare that I have fully explained the contents of left thumb impression / signature of the policyholder has been appended after fully Name & Address of Declarant:	of this form to the policyholder and that
Date: D D M M Y Y Y Place:	
	GO Stamp
Signature:	Signature Verified:
POLICYHOLDER ACKNOWLEDGEMENT SLIP	
Received by: Date: D D M M Y Y	
Time of Receipt: Employee Code:	GO Stamp
	Signature Verified:
Signature:	Version: Policy Amendment Form/V1.3/Feb'21
A Max Financial and AXIS BANK JV	



### SECTION C

## 8. Addition / Change of Rider A - Addition C - Change

A	С	Rider (Tick to Indicate)	Term	Coverage Amount	Effective Date (DD/MM/YY)	Current Occupation
Premi	ium Amo	ount (without Service Tax	and Educatio	n Cess)		Policyholder Request Date (DD/MM/YY)
Servic	ce Tax a	nd Education Cess				
Total	Premiun	n Payable (with Service T	ax and Educa	tion Cess)		

### Note:

- Health Declaration form is required for any addition of rider. Life Insured may be required to undergo medical tests.
- Completely filled pay or questionnaire and duly attested date of birth proof is required for Addition of payor rider.
- Any addition of rider / option is subject to company underwriting the risk or realization of premium whichever is later and the company shall not be liable until such time it has underwritten the risk and issued the rider / option contract to the policyholder.

I understand and agree that the change request by me will be accepted by the Company subject to the terms and conditions of the policy contract.

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 pay-outs 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, 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."





# SECTION C

Date: D D M M Y Y Y Place:  Note: In case, policy is issued under Married Women Property Act (My consent from Wife / Trustee / Legal heir.  Vernacular Declaration: In case policyholder's signature is in the f thumb) or in a vernacular language, I hereby declare that I have fully exto the policyholder and that left thumb impression / signature of the after fully understanding the contents of this form.	orm of a thumb impression (left xplained the contents of this form
Vernacular Declaration: In case policyholder's signature is in the f thumb) or in a vernacular language, I hereby declare that I have fully exto the policyholder and that left thumb impression / signature of the	orm of a thumb impression (left xplained the contents of this form
thumb) or in a vernacular language, I hereby declare that I have fully exto the policyholder and that left thumb impression / signature of the	xplained the contents of this form
arter runy understanding the contents of this form.	policyholder has been appended
Name & Address of Declarant:	
E-mail ID:	
Date: D D M M Y Y Y Place:	
	GO Stamp
Signature:	oo stamp
	Signature Verified:
<del>-</del>	
POLICYHOLDER ACKNOWLEDGEMENT SLIP	
Policy Number: Type of request:	
Received by: Date: D D M M Y Y	Y Y GO Stamp
Received by: Date: D D M M Y Y  Time of Receipt: Employee Code:	GO'Stamp
	GO Stamp



#### SECTION D

Policy Number:													
Mobile No.:													
E-mail ID:													
(Kindly chara a)	valid E	maill	D to roo	oivo pro	aroce III	adata	nd closs	iro confi	rmatio	n on v	OUR FOR	(toour	

9. Switching of funds			10. Redirection of Fu	inds		
I authorise Max Life insurance to invest all existing premium in proportion as mentioned below			I authorise Max Life Insurance to invest all future premium in proportion as mentioned below			
Name of Fund (depends upon availability of funds in Plan)	From (% or Amount)	To (% or Amount)	Name of Fund (depends upon availability of funds in Plan)	From (% or Amount)	To (% or Amount)	The request
Secure Fund			Secure Fund			of funds will be
Growth Fund			Growth Fund			accepted by Max Life
Growth Super Fund			Growth Super Fund			subject to terms and
Balance Fund			Balance Fund			conditions of policy
Conservative Fund			Conservative Fund			contract
Dynamic Opportunity Fund			Dynamic Opportunity Fund			
Secure Plus Fund			Secure Plus Fund			
Others (if specify)			Others (if specify)	-		

### Total of Fund investment percentage should be 100%

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, 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."





# SECTION D

Signature of Policyholder / Assignee: —	Place:
(should match with policy records)	
Date: D D M M Y Y Y	
Note: In case, policy is issued under consent from Wife / Trustee / Legal h	Married Women Property Act (MWPA, Section 5), please share the eir.
thumb) or in a vernacular language, I	licyholder's signature is in the form of a thumb impression (left hereby declare that I have fully explained the contents of this form mb impression / signature of the policyholder has been appended s of this form.
Name & Address of Declarant:	
Date: D D M M Y Y Y	Place:
	GO Stamp
Signature:	
	Signature Verified:
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
POLICYHOLDER ACKNOWLEDGEME	NT SLIP
Policy Number:	Type of request:
Received by:	Date: D D M M Y Y Y Y GO Stamp
Time of Receipt:	
Signature:	Signature Verified:





# **SECTION E**

Policy Number: Mo	bile No.:
E-mail ID:	
(Kindly share a valid E-mail ID to receive progress upda	ate and closure confirmation on your request)
11. Surrender of Paid Up Addition (PUA)	II. Bank Details of the Policyholder - Mandatory
Refund the amount accumulated as PUA of ₹	MICR Code
Adjust accumulated PUA amount of ₹	Type of Bank Account: Savings Current NRO NRE
towards Renewal premium for Policy no	Bank Account 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.	IFS Code
	Bank Address
	PAN 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 Incom the NRI declaration, available at the end of this form and TDS will be govern	ne Tax Act prevailing at the time of payment. If you are an NRI, please fill up ned in accordance to Section 195.
12. Deactivatio	on of STP / DFA
Deactivation of STP Deactivation of DFA	"STP (Systematic Transfer Plan) / DFA (Dynamic Fund Allocation) (Note: Both are allowed on policy anniversary only)
13. Partial	Surrender
Note: - The Company will accept the request for partial surrender	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 Type of Bank Account: Savings Current NRO NRE
	Bank Account No.
	IFS Code
	Bank Address
	PAN Note: Kindly attach a cancelled cheque bearing account number





### SECTION E

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. No Objection Certificate from Life Insured (applicable only if Life Insured has turned major) \_\_\_\_; 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). "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." "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." Signature of Policyholder / Assignee: \_\_\_\_\_\_ Place: (should match with policy records) 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: Place: Signature: Date: D D POLICYHOLDER ACKNOWLEDGEMENT SLIP Policy Number: Type of request: Received by: Date: D Time of Receipt: Employee Code: Signature Verified:





# **SECTION F**

Policy Number:	
Mobile No.:	
E-mail ID:	
(Kindly share a valid E-mail ID to receive progress upd	ate and closure confirmation on your request)
	****
14. Change	in Signature
I signature provided on day of 20 Bank authority. I further state that henceforth, the signatu future requests.	, hereby declare that below mentioned specimen and the same witnessed hereunder duly attested by re as appended below should be considered for all
Old Signatures New Signature wit	h Bank Attestation Bank Seal (Bank Attestation)
Note: Please attach acceptable self attested Photo Identity stamp paper stating "Change of Signature."	y Proof, specimen signature form and affidavit on ₹ 100/-
15. Change in P	lan / Policy Term
Plan Change	Change in Policy Term
	San Prince of Control Market Control
Plan Change	Change in Policy Term
Plan Change  Existing / Old Plan details  Plan Name Policy Term Years Premium Years	Change in Policy Term  New Plan details  Plan Name  Policy Term Years Premium Years
Plan Change  Existing / Old Plan details  Plan Name	Change in Policy Term  New Plan details  Plan Name
Plan Change  Existing / Old Plan details  Plan Name Policy Term Years Premium Paying Term Years	Change in Policy Term  New Plan details  Plan Name Policy Term Years Premium Years Paying Term Years
Plan Change  Existing / Old Plan details  Plan Name Policy Term Years Premium Paying Term Years  Base Sum Assured	Change in Policy Term  New Plan details  Plan Name  Policy Term Years Premium Paying Term Years  Base Sum Assured
Plan Change  Existing / Old Plan details  Plan Name Policy Term Years Premium Paying Term Years  Base Sum Assured Rider Sum Assured	Change in Policy Term  New Plan details  Plan Name  Policy Term Years Premium Paying Term Years  Base Sum Assured  Rider Sum Assured
Plan Change  Existing / Old Plan details  Plan Name Policy Term Years Premium Years Base Sum Assured Rider Sum Assured Rider Term (No. of years)	Change in Policy Term  New Plan details  Plan Name Policy Term Years Premium Years Base Sum Assured Rider Sum Assured Rider Term (No. of years) Rider Term  Rider Term  Rider Term
Existing / Old Plan details  Plan Name Policy Term Years Premium Paying Term Years  Base Sum Assured Rider Sum Assured Rider Term (No. of years) Rider Term  Note: New proposal form and Illustration is mandatory (du from Traditional to ULIP, one ULIP to another ULIP or vice)	Change in Policy Term  New Plan details  Plan Name Policy Term Years Premium Years Base Sum Assured Rider Sum Assured Rider Term (No. of years) Rider Term  Ply signed by Policyholder) in case Plan is getting changed -versa.
Existing / Old Plan details  Plan Name Policy Term Years Premium Years Base Sum Assured Rider Sum Assured Rider Term (No. of years) Rider Term  Note: New proposal form and Illustration is mandatory (du from Traditional to ULIP, one ULIP to another ULIP or vice	Change in Policy Term  New Plan details  Plan Name Policy Term Years Premium Years Base Sum Assured Rider Sum Assured Rider Term (No. of years) Rider Term  Rider Term  Rider Term





## SECTION F

17. 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  Type of Bank Account: Savings Current NRO NRE  Bank Name  Bank Account No.  IFS Code  Bank Address  PAN  Note: Kindly attach a cancelled cheque bearing account number and policyholder name or copy of Bank Passbook
amendment requests contained above and submitting own volition.  I hereby authorise Max Life to process my payouts to n validate / update my KYC details. I accept to receive all E-mail ID only (strike if you want to continue with hard	ect information in this form the company will not be held
"I / we understand that, I / we have disclosed my / our perinformation) with Max Life for the purpose of providic consent and authorise Max Life to use, store and / or subodies, insurance repositories, reinsurers / hospitals or purposes of underwriting assessment, claim investigate per applicable law."	ng insurance and related services and I / we hereby hare the same with government / regulatory / statutory diagnostic centers / other insurance companies for the
Signature of Policyholder / Assignee:	(should match with policy records)
Date: D D M M Y Y Y 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: \_\_\_\_\_ Place: \_\_\_\_\_\_ Signature: \_\_\_\_\_ Date: POLICYHOLDER ACKNOWLEDGEMENT SLIP Policy Number: Type of request: Received by: \_\_\_\_\_ Date: D D M M Time of Receipt: Employee Code: Signature Verified:



Signature: \_\_\_\_\_



## SECTION G

Policy Number:	
Mobile No.:	
E-mail ID:	
(Kindly share a valid E-mail ID to receive progress upda	ate and closure confirmation on your request)
18. Surrender of OPPB	II. Bank Details of the Policyholder – Mandatory
Refund the amount accumulated against OPPB of ₹	MICR Code
Adjust accumulated OPPB amount of ₹	Type of Bank Account: Savings Current NRO NRE
towards Renewal Premium for Policy No	Bank Name
Note: Policy should be active at the time of submitting the OPPB Surrender request. In case policy is inactive, please get the policy reinstated before submission of the OPPB request.	Bank Account No.
*OPPB - Option to Participate in Progressive Bonuses	IFS Code
	Bank Address
	PAN
	<b>Note:</b> Kindly attach a cancelled cheque with preprinted name and account number or a copy of bank passbook
Disclaimer: TDS will be applicable in accordance to Section 194DA of Income the NRI declaration, available at the end of this form and TDS will be governed	
No Objection Certificate from Life Insured (applicable onl	y if Life Insured has turned major)
l,	; hereby confirm the valid discharge of the requested
pay-out towards the above Policy and will not hold Max L	
Signature of the Life Insured:	Date: D D M M Y Y Y Y
Place:	
19. Policy Re	consideration
Please tick the appropriate option:	
Change in family details Change in occupation	on Disclosure of disease Photo update
Change in height and weight Disclosure of sme	oking status Change of work country
Disclosure of other insurance details Change	of income details Disclosure of drinking habits
Others	
Details / revised update for option selected	

**Note**: - Policy should be active for reconsideration and any amendment or modifications are subject to underwriting decision as per Policy term & conditions. Please attach all relevant and supporting documents.





#### 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).

"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."

"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."

Signature of Policyholder / Assignee:	(sho	ould match with policy records)
Date: D D M M Y Y Y Place		
Note: In case, policy is issued under Mar consent from Wife / Trustee / Legal heir.	ried Women Property Act (MWP	A, Section 5), please share the
<b>Vernacular Declaration:</b> In case policyhothumb) or in a vernacular language, I here to the policyholder and that left thumb i after fully understanding the contents of	by declare that I have fully expl mpression / signature of the po	ained the contents of this form
Name & Address of Declarant:		
Date: D D M M Y Y Y Place		
Signature:		GO Stamp Signature Verified:
<b>*************************************</b>		····×
POLICYHOLDER ACKNOWLEDGEMENT S	LIP	
Policy Number:	Type of request:	
Received by:	Date: D D M M Y Y Y	Y GO Stamp
Time of Receipt: Er	nployee Code:	
Signature:		Signature Verified:
		Version: Policy Amendment Form/V1.3/Feb'21





## SECTION G

### **NRI Declaration Form**

Please fill below table for residency declaration:

	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. TDS would be applicable as per prevailing rate basis country of residence, submission of above details and compliance under provision of Section 10(I0D) / 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."

Place:											
Date:	D	D	М	М	Y	Y	6	Υ	Υ	Signature of Policyholder	

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

Settlement
Settlement payout mode  Monthly Quarterly Semi-annual Annual
Settlement Term (in years)  1 2 3 4 5
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.  11 / 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."
Place:
consent from Wife / Trustee / Legal heir.  Version: Policy Amendment Form/V1.3/Feb'21
#YouAreTheDifference™  Our virtual assistant  WhatsApp  Login to manage your policy  Write to us at
Chat with MILI on our website Send 'Hi' to +91 74283 96005 maxlifeinsurance.com/customer-service 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 9="" by="" digit="" no="" policy=""> IFS Code: HSBC0110002". Max Life does not collect Premium in any other account.</followed>

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

