



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	Y
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 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:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Place: _____

Signature: _____

GO Stamp

Signature Verified:

POLICYHOLDER ACKNOWLEDGEMENT SLIP

Policy Number:

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 Type of request: _____

Received by: _____ Date:

D	D	M	M	Y	Y	Y	Y
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Time of Receipt: _____ Employee Code: _____

Signature: _____

GO Stamp

Signature Verified:

SECTION B

Policy Number:

Mobile No.:

E-mail ID:

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

3. Change in Nominee

Is new nominee a Politically Exposed Person* (Yes / No) Please tick

*Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions, for example Heads / Ministers of Central / State Government, Senior Politicians, Senior Government / Judicial / Military Officers, Senior executive of State Owned Corporations, Important political party officials & immediate family member of above persons (Spouse, Children, Parents, Siblings, In-laws).

From	To	Relationship	Date of Birth DD/MM/YY	% share
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: If nominee is a minor; below the age of 18 years please name a person (Appointee) to receive policy proceeds in the event of death of Life Insured, while the nominee is still a minor. Please provide following information for "Appointee."

Name of Appointee:

Relationship to Nominee:

Address:

Appointee DOB:

Appointee's Signature:

4. Change in Premium Mode

(Tick the preferred Mode) Monthly ☐ Quarterly ☐ Semi-annual ☐ Annual ☐

Term & Conditions

- For a mode change to either Monthly or Quarterly mode, Electronic Payment Mode is applicable i.e., the method of payment should be through ECS or Credit Card standing instruction only.
- Change in mode is subject to the terms and conditions of Policy as may be determined by the company time to time with respect to the particular mode.

5. Change in Premium Payment Method (Tick to indicate Method required)

Cash / cheque ☐ Direct Debit (Completely filled ECS mandate required) ☐

*Remittances of premium by cash should not 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

(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.

Vernacular Declaration: In case policyholder's signature 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: _____

GO Stamp

Signature Verified:

POLICYHOLDER ACKNOWLEDGEMENT SLIP

Policy Number: Type of request: _____

Received by: _____ Date:

Time of Receipt: _____ Employee Code: _____

Signature: _____

GO Stamp

Signature Verified:

SECTION C

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

A	C	Rider (Tick to Indicate)	Term	Coverage Amount	Effective Date (DD/MM/YY)	Current Occupation
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
Premium Amount (without Service Tax and Education Cess)						Policyholder Request Date (DD/MM/YY)
Service Tax and Education Cess						
Total Premium Payable (with Service Tax and Education 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.

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SECTION D

Policy Number:

Mobile No.:

E-mail ID:

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

9. Switching of funds			10. Redirection of Funds			The request for redirection of funds will be accepted by Max Life subject to terms and conditions of policy contract
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)	
Secure Fund			Secure Fund			
Growth Fund			Growth Fund			
Growth Super Fund			Growth Super Fund			
Balance Fund			Balance Fund			
Conservative Fund			Conservative Fund			
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%						

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SECTION D

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

Date:

D	D	M	M	Y	Y	Y	Y
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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 signature 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:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Place: _____

Signature: _____

GO Stamp

Signature Verified:



POLICYHOLDER ACKNOWLEDGEMENT SLIP

Policy Number:

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 Type of request: _____

Received by: _____ Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Time of Receipt: _____ Employee Code: _____

Signature: _____

GO Stamp

Signature Verified:

SECTION E

Policy Number:

Mobile No.:

E-mail ID:

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

11. Surrender of Paid Up Addition (PUA)	II. Bank Details of the Policyholder - Mandatory
<input type="checkbox"/> Refund the amount accumulated as PUA of ₹ <input type="text"/>	MICR Code <input type="text"/>
<input type="checkbox"/> Adjust accumulated PUA amount of ₹ <input type="text"/>	Type of Bank Account: Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/>
towards Renewal premium for Policy no. <input type="text"/>	Bank Name <input type="text"/>
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.	Bank Account No. <input type="text"/>
	<input type="text"/>
	IFS Code <input type="text"/>
	Bank Address <input type="text"/>
	<input type="text"/>
	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.

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		
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 <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 <input type="text"/>
		Bank Account No. <input type="text"/>
		<input type="text"/>
		IFS Code <input type="text"/>
		Bank Address <input type="text"/>
		<input type="text"/>
		PAN <input type="text"/>
		Note: Kindly attach a cancelled cheque bearing account number and policyholder name or copy of Bank Passbook



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)

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:

D	D	M	M	Y	Y	Y	Y
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 Place: _____ Signature: _____

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

Date:

D	D	M	M	Y	Y	Y	Y
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Name & Address of Declarant: _____

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Place: _____ Signature: _____

POLICYHOLDER ACKNOWLEDGEMENT SLIP

Policy Number:

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 Type of request: _____

Received by: _____ Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Time of Receipt: _____ Employee Code: _____

Signature: _____

GO Stamp

Signature Verified:

SECTION F

17. NEFT Update	II. Bank Details of the Policyholder - Mandatory
<p>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.</p>	<p>MICR Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Type of Bank Account: Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/></p> <p>Bank Name _____</p> <p>Bank Account No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>IFS Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Bank Address _____</p> <p>PAN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Note: Kindly attach a cancelled cheque bearing account number and policyholder name or copy of Bank Passbook</p>

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.



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Name & Address of Declarant: _____

Date:

D	D	M	M	Y	Y	Y	Y
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 Place: _____ Signature: _____



POLICYHOLDER ACKNOWLEDGEMENT SLIP

Policy Number:

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 Type of request: _____

Received by: _____ Date:

D	D	M	M	Y	Y	Y	Y
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Time of Receipt: _____ Employee Code: _____

Signature: _____

GO Stamp

Signature Verified:

SECTION G

Policy Number:

Mobile No.:

E-mail ID:

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

18. Surrender of OPPB	II. Bank Details of the Policyholder – Mandatory
<input type="checkbox"/> Refund the amount accumulated against OPPB of ₹ _____ <input type="checkbox"/> Adjust accumulated OPPB amount of ₹ _____ towards Renewal Premium for Policy No. _____ 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. *OPPB - Option to Participate in Progressive Bonuses	MICR Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> IFS Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Bank Address _____ _____ _____ PAN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Note: Kindly attach a cancelled cheque with preprinted name and account number or a copy of bank passbook
<p>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</p>	
<p>No Objection Certificate from Life Insured (applicable only if Life Insured has turned major)</p> <p>I, _____; hereby confirm the valid discharge of the requested pay-out towards the above Policy and will not hold Max Life Insurance liable for any further claim in future.</p> <p>Signature of the Life Insured: _____ Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Place: _____</p>	

19. Policy Reconsideration
<p>Please tick the appropriate option:</p> <p><input type="checkbox"/> Change in family details <input type="checkbox"/> Change in occupation <input type="checkbox"/> Disclosure of disease <input type="checkbox"/> Photo update</p> <p><input type="checkbox"/> Change in height and weight <input type="checkbox"/> Disclosure of smoking status <input type="checkbox"/> Change of work country</p> <p><input type="checkbox"/> Disclosure of other insurance details <input type="checkbox"/> Change of income details <input type="checkbox"/> Disclosure of drinking habits</p> <p>Others _____</p> <p>Details / revised update for option selected _____</p>

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

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

Date:

D	D
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M	M
---	---

Y	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.

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Name & Address of Declarant: _____

Date:

D	D
---	---

M	M
---	---

Y	Y	Y	Y
---	---	---	---

 Place: _____

Signature: _____

GO Stamp

Signature Verified:

POLICYHOLDER ACKNOWLEDGEMENT SLIP

Policy Number:

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 Type of request: _____

Received by: _____ Date:

D	D
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M	M
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Y	Y	Y	Y
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Time of Receipt: _____ Employee Code: _____

Signature: _____

GO Stamp

Signature Verified:

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(10D) / Section 10(10A) of the Income Tax Act, 1961.
2. In case of non-availability of PAN, no TDS certificate will be issued.

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Place: _____

Date:

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.

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Place: _____

Date:

Signature of Policyholder

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

Version: Policy Amendment Form/V1.3/Feb'21

#YouAreTheDifference™



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
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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.

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