



Top Up Re-application and Transfer of amount Form\*

[Grid of 10 empty boxes]

Policy Holder Name: \_\_\_\_\_

Email Id: \_\_\_\_\_

Mobile Nb\Landline Nb: [Grid of 12 empty boxes]

Choose any one Option below basis your request

Option A

Top Up re-application

Amount paid in Rs \_\_\_\_\_ Amount paid date [Grid of 3 empty boxes] (DD/MM/YY)

Tick any one option below basis your request

Please apply towards my Premium due within current financial year.

Please refund (specify bank details for NEFT as mentioned below)

Bank account number: [Grid of 18 empty boxes]

IFSC Code: [Grid of 11 empty boxes]

Bank Name and address \_\_\_\_\_

Account holder name \_\_\_\_\_

Note: - Kindly attach a cancelled cheque bearing account number and policy holder name or copy of bank passbook

Option B

Transfer of Amount

S No(A)	(B) From Policy Number	(C) To Policy Number	(D) Amount to be transferred	(E) Reason for transfer
1				
2				
3.				

Note: For transfer of amount to different customer's policy, kindly attach bank statement or proof of payment

Vernacular Declaration: Incase 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 policy holder and that left thumb expression / signature of the Policy holder has been appended after fully understanding the contents of this form

Name of Declarant: \_\_\_\_\_

Address of Declarant : \_\_\_\_\_

Date & Place : \_\_\_\_\_ Thumb Impression : \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date &Time \_\_\_\_\_

TO BE FILLED IN BY MAX LIFE BRANCH OFFICE

Max Life Branch office received date & Time \_\_\_\_\_ Max Life Branch office Stamp \_\_\_\_\_

Approval attached: Yes  No

\*Completely filled form can be submitted to the nearest General office OR mailed to [service.helpdesk@maxlifeinsurance.com](mailto:service.helpdesk@maxlifeinsurance.com)

