



**Electronic Funds Transfer- Mandate form**

I \_\_\_\_\_ is a Nominee/Policyholder in Policy Number \_\_\_\_\_ (Nominee Name) in the Name of \_\_\_\_\_ hereby request Max Life Insurance Co. Limited to make Claim payments, if payable directly to my bank account as per detail given below.

Account Holder Name: \_\_\_\_\_

Type of Bank Account: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Branch Address : \_\_\_\_\_

MICR code : \_\_\_\_\_

IFSC code (Indian Financial Security code): \_\_\_\_\_

Declaration: I agree to save and hold Max Life Insurance Company Limited harmless and indemnified against any and/or all losses, claims, liabilities, legal proceedings (including attorney fees), expenses or damages suffered by or taken against Max Life Insurance Company Limited arising on account of any error or misrepresentation in the information furnished in this EFT mandate by me.

Nominees Signatures: \_\_\_\_\_

Date:

Bank Verification - Name of Bank:

I, undersigned/authorized person, on behalf of the above mentioned bank confirm that the bank account details of the individual as mentioned in this EFT mandate form are correct as per our records and are hereby verified.

Branch address & signature of Branch Manager  
Bank verification stamp:

**Please attach a copy of cancelled cheque bearing the above mentioned account number along with this form.**